SPECIAL PROJECT:
LEISURE AND RECREATION INDEPENDENCE FOR THE BLIND AND VISUALLY HANDICAPPED

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Final Report

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SPECIAL PROJECT: LEISURE AND RECREATION INDEPENDENCE FOR THE BLIND AND VISUALLY HANDICAPPED: IN-SERVICE TRAINING FOR COMMUNITY AND SCHOOL PERSONNEL TO FACILITATE MAINSTREAMING IN THE LEAST RESTRICTIVE ENVIRONMENT

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ABSTRACT

The purpose of this project was to develop and implement an inservice training strategy for community and school recreation personnel who would function as advocates and trainers of other recreation personnel within their communities. This training was to facilitate the inclusion of visually impaired children into existing community recreation programs that would be made available in the least restrictive environment.

The six objectives of this project were:

1. To assess local, state and regional recreational needs of blind and visually impaired children and youth.
2. To identify training needs of community recreation/school personnel in the provision of recreation programs and services.
3. To identify and develop resources and materials for the training of community/school recreation personnel.
4. To develop and implement a national training strategy that would have local, state and national impact on the quality of recreational opportunities for visually impaired children and youth.
5. To evaluate a national model for training of recreation/school personal in a variety of settings.
6. To produce packaged training materials for national dissemination.

The agencies, institutions and organizations having the greatest potential for integration of visually impaired children were the primary concern of this project and were identified in two separate categories.

1. Community Recreation: This category includes publicly financed community recreation programs and facilities; semi-public programs such as YM-YWCA's, girls and boys clubs, private programs (including commercial facilities) such as health clubs, tennis clubs, golf clubs, bowling alleys, theatres, skating rinks, etc.
2. School Recreation: This category includes public schools, private schools and speciality schools for the fine arts, music, drama, etc. Camps and schools for the visually impaired (as well as other categories of handicapping conditions) often possess excellent programs for those students not yet ready to participate in fully integrated programs.

As a result of this project 90 individuals (trainer/consultants) working in community and schools recreation programs were trained in seven states with an even greater number impacted upon by the training programs implemented by the trainer/consultants in their local communities. Additionally, a comprehensive training package has been developed on recreation programming for visually impaired children and youth which is available for national dissemination.

INTRODUCTION

Society has long recognized the importance of play and recreation as a requisite in the growth and development of children and youth. Few would dispute that recreational involvement during the formative years of life contributes significantly to basic health and fitness, to intellectual growth and development, to social and emotional adjustment, to creativity and potentials for self-expression, and to personal satisfaction and fulfillment.

This belief in the inherent virtues and values of recreational pursuits is reflected in the large sums of public and private dollars expended to make certain that our children have a variety of meaningful recreative outlets and experiences from the earliest stages of childhood to the threshold of adult maturity. Yet, the attention and resources directed toward the recreational needs of the handicapped child have been extremely meager and in many cases non-existent. One of the most notable gaps in recreation services for visually impaired children has been in the public sector i.e., community and school recreation programs.

In recognition of the years of neglect and inattention to the leisure and recreation needs of handicapped citizens, the Board of Trustees of the National Recreation and Park Association submitted a resolution to the 1977 White House Conference for the Handicapped calling for federal, state and local action to raise the low priority assigned to recreation

and leisure needs of handicapped citizens. The following are excerpts from that resolution:

> ...in spite of over two decades of involvement of public, private and commercial human service agencies such as recreation, the handicapped (child) continues to encounter debilitating social, economic, and attitudinal barriers in pursuit of recreation and related leisure opportunities and service.
>
> ...In spite of the existence of mandates and requirements to the contrary, the majority of public, private and commercial recreation and related service areas and facilities have not been properly designed or modified to accommodate and serve the handicapped.
>
> ...misunderstanding, stereotyping, and even stigmatizing of handicapped persons by recreation and park personnel, public officials, policy makers, the general public, and in some cases, the handicapped citizens themselves have tended to result in a low level of concern or services to this segment of the population...

This resoultion, adopted in substance by the delegates to the White House Conference, portrays a realistic appraisal of the status of recreation services to handicapped citizens.

Although progress has been made in recent years regarding community recreation services for handicapped citizens, the mentally retarded and emotionally disturbed are the major recipients of these increases in services. Major efforts to integrate visually impaired children have still been minimal.

While attitudes of some parents is one problem to overcome, the fact remains that the real problem and challenge has been in the development of resources and services in the community and the training of community recreation and school personnel to work effectively with visually impaired children.

As mandated by current legislation, the goal must be to facilitate the integration of blind children into existing programs, though some specialized recreation services may be required as part of a transitional program. To fulfill this mandate, there is at present and for the foreseeable future, great need to provide training for recreation personnel who will be responsible for the delivery of these services primarily in the area of leisure education and community recreation.

It is to fulfill this mandate and meet this need that this project had been implemented.

Efforts of the American Foundation For The Blind (AFB) In The Provision of Recreation Services

It has been estimated that there are approximately 6.4 million persons in the United States with some kind of visual impairment, serious enough that they experience some difficulties seeing, even with corrective lenses. Of these, 1.7 million are considered severely visually impaired, and are classified as "legally blind" or they function as if they were legally blind even though their vision does not fall into that definition. A smaller number, approximately 400,000 of these severely impaired have no usable vision at all. It is estimated that at least 4% of the visually impaired population are under 25 years of age. According to The American Printing House for the Blind (1980), the primary source of statistics on visually impaired school age populations, there are approximately 35,000 legally blind children in community and residential schools or about one out

of every thousand school age children. This number, however, does not reflect the number of visually impaired children and youth that although not legally blind, experience a visual loss which interferes with learning and therefore require special services.

It is perhaps because of these relatively small numbers as well as their geographic spread that so little attention in the past has been focused on the provision of services including the training of recreation and school personnel to work with this population.

The American Foundation for the Blind has actively attempted to correct this neglect through various education/training efforts undertaken over the past decade.

One of the first efforts concerned with the provision of recreation services for visually impaired persons came about as the result of a Federal Grant awarded to AFB in 1968 by the Rehabilitation Services Administration. Under this grant, AFB convened a conference of persons from the fields of blindness and recreation to discuss the potential for employment of visually impaired persons in the field of recreation. This meeting resulted in the publication of a widely disseminated guidelines pamphlet as well as opening up several areas of new concern and inquiry.

In 1969, AFB's Specialist in Education organized and conducted a demonstration workshop in Ohio in an effort to facilitate the integration of visually impaired children into the physical education and recreation programs in the Cleveland Public School System. The catalytic role played by the

Foundation in bringing together physical educators, parents, sighted and blind children, as well as personnel working in recreation agencies and agencies serving the blind, produced a model for collective community action which has been replicated many times over in other parts of the country.

In 1972 AFB employed a Specialist in Training to ensure that newly developed training programs would be continued. This effort included work with such youth serving agencies as the Boy Scouts, Girl Scouts, YM-YWCA's, Campfire Girls, and others. The primary thrust of these training programs was directed at helping the youth serving agencies open their programs to visually impaired children. These efforts resulted in the preparation of instructional materials for the training of youth leaders and other agency personnel. Many of the materials were pilot tested in Atlanta, Georgia in a workshop, Meeting The Social & Recreational Needs Of Visually Handicapped Children and Youth, the results of which served as a prototype for implementation in other communities around the country.

In 1973, the Foundation convened a meeting of experts on blindness and recreation to explore the potential utilization and training of recreation assistants who might work with visually impaired persons in community recreational settings. To advance this priority concern for recreational opportunities further, AFB Regional Consultants conducted workshops in five cities across the country to sensitize recreation personnel to the needs of visually impaired children

and youth. Over 300 persons attended these sessions and evaluated them as most helpful in their daily work.

A seven minute film, Out of Left Field, produced by AFB was built around panel discussions by sighted and visually impaired youth relating how they met the problems of integration. It also shows participation of blind children and youth in various activities with their sighted peers.

In 1974, an intensive four-day meeting of therapeutic recreation educators was convened in St.Louis. A follow-up meeting held in New York in 1975 resulted in the development of training and instructional packets which could be used in college and university curricula. The training materials were general in nature, designed to cover all visually impaired people from birth to old age. They did not contain very specific or extensive material on children because of the nature of the courses for which they were designed. Twenty-six colleges and universities responded to a request to field test the materials in their programs, with most having formally incorporated and adapted the materials as a required component of the training of all recreation students.

While the above efforts are substantial in terms of time, commitment and financial investment, and the materials produced have had great utility and value in impacting upon the pre-service educational programs across the nation, it became clear that the inservice training of personnel who were currently employed in leisure service agencies was necessary. Additionally, the 1975 Education for All Handicapped

Children Act (P.L. 94-142) mandated that all handicapped children receive public educational opportunities equal to those provided non-handicapped. The legislation defined recreation as a related service which included "therapeutic recreation, leisure education and community recreation."

In view of this mandate and AFB's past commitment to recreation services for visually impaired children as well as the demonstrated need for inservice training, AFB submitted a grant request in 1978 to the Office of Special Education and Rehabilitative Service (formerly the Bureau of Education for the Handicapped).This grant was subsequently funded as a special project and implemented for the period from June 1978 - May 1981.

The impact to date of this project has had far reaching significance for visually impaired children and youth across the nation. Most important, it is bringing quality recreation services and opportunities which are so essential in the development and/or habilitation of the nation's visually impaired children. Secondly, it is facilitating the accomplishment of mainstreaming objectives mandated by current legislation. Finally, it has created a cadre of competent individuals at the local level who are committed to the promotion of much needed new services.

GOALS OF THIS PROJECT

The primary goal of this project was to bring training programs down to the local community level so as to maximize the potential for broad national impact. This approach was undertaken in two ways. Firstly, a training program was established whereby a select group of professionals were trained at a two day inservice workshop. These individuals were then rquired to return to their communities and train others so that a ripple effect would be generated and the impact would be extended to many more individuals that could not otherwise be reached.

Secondly, as the cost factor would greatly limit the potential for continuing the training effort after the federal support terminated, an economic alternative was necessary that would extend training opportunities to all those not part of initial project training programs. It was therefore decided that the most efficient approach would be development of self-instructional materials on recreation for visually impaired children and youth that would continue to be available from AFB after the life of the project.

These efforts have culminated in development of a book entitled "Recreation Programming for Visually Impaired Children and Youth" and a companion self-instructional study guide.

With financial support from the Office of Special Education and Rehabilitative Services, and cooperative support

from other national organizations, the American Foundation for the Blind has sought to impact upon the quality of recreation programs for visually impaired youngsters through this three year national training effort.

Briefly stated, year one of the project was concerned primarily with needs assessment, development of training materials and pilot testing of those materials in one state (Indiana). Year two focused on implementation and evaluation of the training program is six other states, one in each of the six AFB regions. Year three focused on evaluating and packaging the written materials for dissemination throughout the country. The discussion which follows will set forth in greater detail the activities undertaken to accomplish the project objectives.

PLANNING

National Advisory Committee

A National Advisory Committee composed of six members was appointed to give advice to project staff and help assess the training materials and progress of the project. Members of this committee were chosen because of their recognized prominence and professional contributions to the fields of recreation and/or blindness.

This committee met twice during the project years offering many helpful suggestions and assisting in evaluating training materials. Members of this committee were: Mary K. Bauman, Association for the Education of the Visually Handicapped; Fred Humphrey, Ph.D., University of Maryland; Karen Luxton, Baruch College; Anthony Montagnino, Jr., New Jersey Commission for the Blind; Geraldine T. Scholl, Ph.D., University of Michigan; Julian U. Stein, Ph.D., American Alliance for Health, Physical Education, Recreation and Dance; Chester Williams, Westchester Lighthouse.

Needs Assessment

In order to obtain more adequate data on the actual leisure and recreation behavior of the visually impaired children and youth population a leisure needs assessment was formulated for year one.

After careful deliberation by project staff, it was decided to change the original format of the leisure needs assessment since implementation as originally planned called

for a far too extensive and time consuming effort than was needed. Also there was enough information from previous contacts and reports to see a pattern sufficiently documented to suffice for the project.

The general conclusion among experts indicated that visually impaired children and youth were minimally involved in community recreation programs. AFB staff decided that a more informal survey relying on personal contacts at local and national meetings, and telephone contacts would be sufficient to confirm this lack of involvement. Readings in the literature and past efforts of AFB in recreation for visually impaired children (see Introduction) had already confirmed this position.

The survey conducted by AFB involved contacts with residential and public school personnel, therapeutic recreation professionals, state and local agency personnel, special education specialists, parents of visually impaired children and other AFB staff. The result of this assessment was also borne out by contacts at the inservice training workshops organized through this project.

The opinions offered by all professionals did verify that visually impaired children are often isolated and limited in their community recreation participation. This lack of participation was recognized as resulting from services that do not meet the needs of visually impaired children and/or staff who lack training in working with these children. Parental attitudes and those of community personnel also pre-

sented barriers to the full participation of visually impaired children.

As a consequence of this assessment, project staff continued to direct their efforts in breaking down these barriers. A final goal of the project has always been to facilitate the involvement of visually impaired children and youth in community programs, acceptance based on their abilities rather than their disabilities.

IMPLEMENTATION

Development of Training Materials

Through the years the American Foundation for the Blind has provided public information on blindness, but there has been a notable gap in written materials on recreation for visually impaired children and youth. The growth of public recreation programs around the country and the concomitant movement of many visually impaired children into the public schools have further strengthened the need for a comprehensive guide to recreation programming for visually impaired youngsters.

Unfortunately there has been no one text or manual that community recreators could turn to for assistance in working with visually impaired children. Project staff therefore sought to develop a definitive body of knowledge on recreation for visually impaired children and youth that would be self-instructional, and would answer the needs of those in the field. The following discussion will focus on the historical development of this training package that has been produced by this project.

National Curriculum Team

In 1978, during the first year of the project, a National Curriculum Team was appointed, headed by Senior Consultant Jerry Kelley from the University of Maryland. This group was made up of educators and practitioners in the field of therapeutic recreation who are experts in the development

of curriculum materials structured on the competency based education model. Members of this team were: Dr. Stephen Anderson, Indiana University; Dr. Doris Berryman, New York University; David Park, National Park Service; Dr. Carol Peterson, University of Illinois; Gary Robb, Bradford Woods Outdoor Center, and Simone Rollin Lazarus, Project Coordinator, AFB.

A series of meetings were held where team members completed assigned tasks such as identifying competencies required of school and community recreation personnel, formulated training objectives in behavioral terms, identified assessment performances criteria and evaluated training materials.

Curriculum team members continued to play an active role during this project, contributing their suggestions and expertise in the development of the training package.

Development of Modules

The training modules which the curriculum team developed, were based upon the clustering of competencies which had been identified through previous AFB projects. These competencies provided the departure point for the training guidelines in the modules. The theoretical model employed in the development of these preliminary guidelines is referred to in the literature as (CBE) Competency-Based Education or (PBE) Performance-Based Education. The phrase "competency-based education" refers to an educational process which places emphasis on the acquisition of skills

or tasks designated as necessary for occupational and/or professional functioning. (Kelley, et. al., 1976).

The module structure or unit of instruction which emerged was as follows:

Module 1.	Orientation to Blindness and visual Handicaps.
Module 2.	Attitudes Toward Blindness.
Module 3.	Introduction to Principles of Orientation and Mobility.
Module 4.	Activity Analysis and Adaptation.
Module 5.	Recreation Programming.
Module 6.	Community Resources.
Module 7.	Integration.

Evaluation of Modules

A systematic evaluation process of the modules was begun to determine the effectiveness of content and format. Evaluation forms were therefore developed in cooperation with the Social Research Department of AFB, for use with each of the seven modules. The forms were distributed to professionals in both recreation and blindness with 95% of the individuals contacted returning their evaluations. The results were then tabulated by the Project Coordinator and discussed with other project staff. (See Appendix I for form).

Redesign of Training Package

As a result of these mailed evaluations, the need became evident for a more self-contained book incorporating the information from the reading materials identified in the modules. It became clear that many of the suggested

readings were not available throughout the country, or involved great difficulty in obtaining copies. A meeting was therefore held in the summer of 1979 with individuals involved with the project which resulted in further identification of areas to be included in a book on recreation.

Development of the Book

Specialists in recreation and blindness were contacted to draft material for the book under the direction of the senior consultant. This book developed as a standard text would synthesize material that had previously been scattered among many sources as well as develop new thoughts and suggestions on recreation for visually impaired youngsters.

Early draft efforts were evaluated by over twenty individuals including the Curriculum Panel, the National Advisory Board, AFB personnel, specialists in blindness and the writers.

The book that has been developed is entitled "Recreation Programming for Visually Impaired Children and Youth." The chapter headings are as follows:

Chapter 1 Foundation and Basis of Recreation Services

Chapter 2 Introduction To Visual Impairment

Chapter 3 Orienting the Visually Impaired Child to the Recreation Setting

Chapter 4 Recreation Programming

Chapter 5 Understanding Parents of Visually Impaired Children and Youth

Chapter 6 The Role of Administration.

Included also is an extensive resources section that lists local, state and national resources relating to blindness and/or recreation.

The individuals who have contributed to the development of the book are Monica Beliveau, Marcia Carter, Elizabeth Farley, Dava Grayson, Beverly Hummel, Jean L. Kelley, Jerry D. Kelley (editor), Simone Rollin Lazarus, Karen Luxton, Iris Martinez and Judy Rutberg.

This book can serve as an excellent resource and training tool. Much of the information contained in it relating to recreation and blindness is not currently available through any other source in a compact form. While this book has several potential uses, it is primarily intended as a companion resource text to a self-instructional study guide that has also been developed.

The Study Guide

The self-instructional study guide is a revision of the modules that were developed earlier. The study guide parallels the chapters in the book and seeks to involve the reader in self-directed learning activities, providing pre and post questions for reader assessment, and furnishing supplementary resources for those who seek further information. The format of the study guide is as follows:

I Rational (Introduction)
  A. Goals and Purposes
  B. Prerequisite knowledge
  C. Limitations
  D. How to use materials

II Pre-assessment questions
III Objectives of the chapter
IV Learning activities
V Supplementary resources.

A group of specialists in the areas of orientation and mobility, special education, low vision, and recreation were selected to write sections of the study guide. Members of this group were: R. Victoria Berg, Elizabeth Farley, Jean L. Kelley, Michael Herron, Beverly Hummel, and Gary Robb.

The result of developing the book and study guide is that better recreation services can now be provided to visually impaired children and youth nationally. The information can be made available in rural communities where resources may be scarce, as well as in more populous areas.

The target population that project staff have considered in the development of these materials is the mid-level supervisory professional who has been working in the field for a number of years and who would be in a position to impact on the availability and quality of recreation services for visually impaired children. It was also hoped that these professionals after completing the self-instructional training, would in turn give training to their staff or others in the community who provide direct program services.

Inservice Training

A primary goal of this project has been to provide

inservice training programs for community and school recreation workers as well as appropriate others who can have an effect on recreation programming for visually impaired children. To accomplish this goal, AFB organized seven workshops in states around the country and trained a total of 90 individuals. The discussion which follows will highlight these activities and the results that occurred.

Pilot Training Workshop

Indiana was chosen as the pilot state for implementation of the first inservice training workshop. This was based upon several factors. Using the data from the American Printing House for the Blind, Indiana was shown to be a representative state. It included 604 visually impaired students in public and residential schools; it represented both rural and urban communities as well as a cross section of ethnic minorities. Indiana also has excellent institutions of higher education and agencies serving the visually handicapped.

Two State Coordinators were chosen in Indiana: Steve Anderson, Assistant Professor, Indiana University and Mark Laker, Recreation Consultant, Indiana State Board of Health. In February 1979 the two State Coordinators came to New York City for training which provided the background information necessary to carry out their duties. These duties included working closely with project staff to direct the training in Indiana, and the responsibility of overseeing the organization

and training program after the expiration of this grant.

In December 1978, an initial meeting was held at Indiana University in Bloomington with 18 state recreation and vision leaders in attendance. The purpose of this meeting was to introduce the project to the state leaders and elicit their cooperation. As a direct consequence of this meeting, a smaller state steering committee was formed.

This steering committee first met in January 1979 at the Indiana School for the Blind with 11 representatives attending. The discussion focused on suggesting possible trainees (trainer/consultants) and the training that would occur in April. A list of candidates for the training was drawn up with AFB reviewing the list for final acceptance. The group also focused on future evaluation and monitoring of the training after the first year. Applications for the training workshop were sent to the nominees. Thirteen trainees were chosen representing a cross section of backgrounds and education in recreation and special education.

The pilot inservice training workshop was held in April 1979 at Indiana University in Bloomington. Previous to the training, the trainees were sent the initial modules developed by the Curriculum Development Team as well as the book published by AFB, "Living With Impaired Vision: An Introduction." Trainees were asked to read this material prior to the workshop and evaluate it after the training.

The content of this workshop emphasized the competencies that had been developed by the Curriculum Development

Team and project staff and found to be important in working with visually impaired children and youth. The format included lectures, panels, small and large group discussions, practise in orientation with occluders on and participation in recreation activities using adaptations.

As a result of this first workshop, it became apparent that more hands-on experience was necessary and that visually impaired children be included in the activity training process. Additionally, it became apparent during the training and in reviewing the workshop evaluation forms completed by the trainees that certain subject areas were more important than others and should therefore receive more emphasis at the training. The subsequent training model that developed was used in all the other training states.

Choice of Training States

Training workshops were held in six additional states during the project. Each state, one from each region of AFB, was chosen as representative, employing criteria similar to that used to select the pilot state of Indiana. The six states (in order of training) were Colorado, Oregon, Georgia, Minnesota, Virginia and Massachusetts.

State Coordinators

The individuals who were chosen as state coordinators in consultation with state leaders are recognized leaders in recreation training, and/or community organization and have demonstrated a commitment to providing quality programs for handicapped persons. The coordinators were nominated by

professionals from the individual states, the criteria being involvement in professional activities, a position of leadership, background in recreation and a proven willingness to be involved in creative endeavors.

The state coordinators had the responsibility to: 1) make key people/agencies aware of the project; 2) counsel with AFB on the structure and content of meetings and workshops, on the selection and training of trainees, and on the makeup and function of the advisory committee; 3) make physical arrangements for meetings and workshops; 4)Chair the advisory committee meetings and inservice workshops; 5) provide liaison between AFB and the state's participants; and 6) assist in evaluation of training materials and workshops.

The six state coordinators are: Mary Carpenter, Adapted Aquatics Specialist, Fletcher Miller School (Colorado); Mary Douglass, Program Director, Portland Bureau of Parks (Oregon); Robin Jackson, Chief, Recreation Services Section, Georgia Department of Natural Resources; Lillian Hipp, Director, Richfield Community Center (Minnesota); Dr. Ronald Reynolds, Associate Professor, Virginia Commonwealth University, and Roxanne Howe-Murphy, Project Coordinator, Leisure Studies Program, Boston University (Massachusetts).

All state coordinators were brought to New York City for an intensive two day training session. Before arriving they were asked to complete a test on knowledge of blindness. The same test was then given after the training. A similar testing procedure was also followed for all trainer/

consultants in the six training states. (See Appendix II for a copy of this test). The results of this pre and post test can be found in the Evaluation Section of this report.
Out of this training session came plans for action in each state and a finalized list of potential members for the state advisory committees.

State Advisory Committees

The state advisory committee was made up of key individuals from the blindness and recreation communities statewide. They either represented an agency that served the visually impaired or were persons who because of their position or contacts in the state were best able to spread the word about the project and evaluate its impact.

The state advisory committee had four basic functions: 1) to provide a communication network throughout the state regarding the project, 2) to suggest nominees for the workshop training programs provided by AFB, 3) to advise and evaluate the project, 4) to look into possibilities for future improvement in recreation for visually impaired persons.

Following the state coordinator training, advisory committee meetings were held in each training state. A total of 157 individuals served on the state advisory committes and were instrumental in choosing trainees who were both competent and dedicated to improving services for visually impaired children (See Appendix III for list of Advisory Committee members).

Committee members were also asked to prioritize workshop topics (See Appendix IV for list of topics), and make suggestions for workshop sites and dates. The six topics having the highest priority were: Attitudes, Techniques in Teaching Visually Impaired Children, Functional Implications of Common Eye Diseases and Disorders, Activity Adaptation and Special Equipment, Orientation and Mobility, Hands-on Demonstration and Participation in Recreation Activities. These topics were therefore emphasized in the training workshops held in each state.

Trainer/Consultants

Nominations were accepted from the state advisory committee members for individuals who might participate in the training and be eligible as trainer/consultants. In making the selections the first consideration was given to those individuals professionaly trained in recreation and presently working in or having impact on school or community recreation programs who would have had little previous contact with material on blindness. The second group included trained therapeutic recreation personnel in specialized community settings who were in a position to impact on community programs and who also had little or no previous training on blindness. The third group included those with formal training in related fields, such as physical education, special education or mental health, who could have impact on school or community recreation programs. Of this group, some may have had some contact with materials on blindness but no

training in relating it to recreation settings.

The following criteria were also considered in choosing the trainer/consultants: 1) training experience; 2) geographical distribution in the state; 3) potential for having impact on service delivery systems; 4) communication skills; 5) demonstrated concern and/or awareness of needs of visually impaired persons; 6) employer/agency support for involvement and 7) a position to provide inservice training to concerned and appropriate others.

The nominated individuals were asked to complete an application form (see Appendix V for this form) and were chosen for the training on the basis of the previously mentioned criteria. The total numbered 90. They represented a broad range of professionals from community recreation, school recreation, physical education amd special education. The following represents a breakdown of this total:

36 local parks & recreation departments (including 2 commissioners)
5 state recreation and parks departments
13 universities
13 private agencies (i.e. Girl Scouts, YWCA, 4-H)
3 specialized agencies (i.e. Easter Seal Society)
1 state department of education
9 public schools
1 residential school
3 rehabilitation centers
3 hospitals
1 therapeutic recreation consultant
2 students

(See Appendix VI for list of Trainer/Consultants).

Trainer/consultants accepted for the training were asked to fill out, prior to the workshop, two questionnaires

(See Appendix VII for these questionnaires) and complete the same pre test given to state coordinators. They also completed a post test immediately after the training experience and evaluated the workshop. (See Appendix VIII for evaluation form and Evaluation Section for statistical analysis).

Trainer/consultants also received, previous to the workshop, draft copies of the book on recreation programming and copies of the book published by AFB "Living With Impaired Vision: An Introduction."

Training Workshops

Concomitant with the development of the training package, inservice training workshops were held in six states. The content in all workshops was similar with major differences in the manner in which the training was conducted. (See Appendix IX for workshop programs).

It was felt that by bringing in local people with expertise in recreation and blindness to assist with the training, AFB would be setting up a network within the state that could advance recreation for visually impaired children and youth, both during and after the life of this project, as well as identifying resource people for the trainer/consultants to contact.

Workshop content included topics decided by project staff and the state advisory committees important for the facilitation and the integration of visually impaired children into community recreation programs. The emphasis was a "how to" experiential approach that also included lectures

and group discussions.

Visually impaired children from residential or public schools attended each workshop and both participated with and were led by the trainer/consultants in activities. The number varied from five to ten children and from ages 7- 14. In some cases the children had additional handicaps (i.e. cerebral palsy, mental retardation) and the visual losses varied from partial vision to total visual loss. Trainer/consultants also had the opportunity to observe the children's conceptual and skill level development during activities.

The activities with the children proved to be a highly successful aspect of the training. It gave the trainer/consultants opportunity to apply what they had learned and to interact with the children. As many trainer/consultants had never worked with visually impaired children before, some felt uncomfortable and ill-at-ease. This experience therefore sought to affect some of these feelings and did so.

A second aspect that was felt to be particularly useful was orientation and mobility training. This involved wearing occluders (masks that eliminate all light) to learn techniques for leading blind children safely in a recreation setting. The trainer/consultants were paired up, with one partner leading and one wearing the occluders. They practised walking down corridors, through doorways, up and down steps, around a room, and outside. They were also taught orientation techniques which involved describing a room to their masked partner who would walk around it alone and then draw a picture

of the room after removing the occluders.

Another important segment of the training was discussion on the functional implications of visual loss and discussion of the various causes and effects of specific eye diseases and disorders. Project staff felt that it was not necessary to be an expert on the etiology of eye conditions, but to stress how various visual losses affect the actual functioning in recreational activities. This discussion was conducted in a lecture format and was presented by orientation and mobility experts in most sessions and an optometrist in one state.

Teaching techniques and activity adaptations that are useful with visually impaired children were also stressed at the workshops. The trainers represented a range of experts with experience in recreation, orientation and mobility, and special education. Trainer/consultants wore simulators, (goggles that replicate various vision losses) and occluders to participate in activities using adapted equipment (i.e. audible balls, self threading needles, table games, sound sources large print cards, etc.) and taught activities using the teaching techniques recommended by the trainers. Trainer/consultants also used the simulators and occluders outdoors, running down hills, and using their other senses to locate bases and objects during games.

This experience initiated discussions about trainee feelings while wearing the eye gear and participating in activities. Most became aware for the first time of the diffi-

culties loss of vision can cause. Some felt incompetent, very slow and clumsy. Many others were amazed at how well the other senses could be used when there is no vision. Although it was stressed that using simulators and occluders cannot truly replicate what it means to have a visual loss, it opened up discussion on many attitudes normally held by sighted people regarding the blind. It also made the trainees more aware of the special needs that some visually impaired children may have.

In some of the training states, panels were organized composed of visually impaired persons, parents of a visually impaired child and experts in the area of blindness. Panelists were asked to talk on the issues relating to integration in the sighted world from their unique viewpoint and experiences. Members of the state advisory committees were also invited to these panel discussions which encouraged open communication and sharing of ideas and experiences among all present.

The final session of all workshops focused on practicum planning and completion of evaluation forms and the post test.

Practicum

The practicum was conceived as a practical work experience which would continue and build on the training of the trainer/consultants begun in the workshops. It would additionally have the effect of providing service to the community and visually impaired children by furthering training and educational efforts in their local areas. All trainer/consultants were therefore asked to complete a structured practicum experience

which included three elements:

1. Organize a training workshop. Make arrangements to coordinate and/or lead a workshop on blindness and visual handicaps.

2. Lead or participate with a visually impaired child or youth in a recreation setting. It is expected that at least 12 hours be spent with this person and a report written covering the following:

   a) Describe the child or youth. Include age, sex, other handicaps, amount of vision, etc.

   b) Assess the child's recreational behavior.

   c) Report the child's involvement in community activities. If the child is not involved, record the reason for non-involvement.

   d) Record the kinds of activities the child enjoys and assess the skill level.

   e) Note any adaptations used by the leader or the child.

   f) Assess your attitudes before working with the child and if there are any differences after the entire experience.

   g) Report on any other unexpected results or experiences.

3. Prepare and deliver a formal presentation to a group likely to have impact on recreation services. This may include a state or local recreation meeting, a Lions Club meeting or a group of community or school personnel.

Trainer/consultants were asked to complete the practicum in a six months period (although this period had been extended) and to complete a three month and final reporting form (See Appendix X for copies of these forms). The final reporting form has been statistically analyzed with the results appearing in the Evaluation Section of this report.

Upon completion of the practicum, the trainer/consultants received a certificate acknowledging participation and satisfactory completion of all training requirements.

Certification

In the initial development of this project, AFB planned to issue certification jointly with the National Therapeutic Recreation Society (NTRS) to all recreation professionals that completed the self-instructional training. It was planned that a certifying examination would be given upon proof of completion of a practicum and the learning activities included within the study guide. Unfortunately, it has not been possible to complete this plan. NTRS is still in the process of developing their own certifying criteria and the difficulty of evaluating the practicum throughout the United States became evident.

At the completion of this project, AFB awarded certificates to all trainer/consultants that participated in the inservice training workshops and completed the practicum.

These trainer/consultants have also received identification in their states as consultants and resource people to recreation departments, schools and agencies in the area of recreation and blindness. Many trainer/consultants have already been called upon to assist in developing programs that would include visually impaired children.

Recognition will also be given to those individual who complete the self-instructional study guide after this project is terminated. Upon showing proof of completion of the

learning activities and the practicum certificates will be issued.

Other certification plans regarding this project are still under review by AFB and will be finalized in the coming months.

SUMMARY

Training

The training experiences have proven to be one of the highly successful aspects of this project. The number of individuals that have been impacted by this project has been extensive numbering in the hundreds. In most states, a group of hard working trainer/consultants have "spread the word" about the project as well as the "hows" and "whys" of providing quality recreation services to visually impaired children and youth.

Trainer/consultants' efforts have resulted in setting up sessions at annual conferences of the Parks and Recreation Societies in Oregon, Minnesota and Colorado, and the Southeastern Therapeutic Recreation and Leisure Education Symposium. Workshops have been held for staff of: Eugene and Willamalane Park and Recreation Departments, Oregon; Danville Park and Recreation Department, Virginia; Boulder Park and Recreation Department, Colorado; Rock Eagle Camp, Georgia, and Pine Camp, Virginia. Special statewide workshops have been organized, bringing professionals together for an intensive training on blindness in Oregon and Virginia. Additionally, workshops have been held for physical education teachers, Girl Scout trainers, 4-H leaders, vocational and adult education teachers, recreation center directors, rehabilitation center staff, for 45 children in a playground group where visually impaired children

would be participating and for students in therapeutic recreation and special education classes.

Trainer/consultants have also made significant gains in educating persons about blindness through formal presentations they have given. Among the groups where they have presented are: Kiwanis, Lions Club, Bethel Ministers Fellowship, cultural arts staff, Girl Scout leaders, parents of visually impaired children, undergraduate and graduate students in recreation classes, majors in exceptional children and physical education, volunteer groups, summer camp staff, special population specialists, and senior citizen workers. Additionally, presentations have been made to school districts, at an outdoor education workshop, and at a health and physical education state conference in Virginia.

Perhaps one of the best ways to relate the effects of this project's training efforts is to read the actual words of those that were trained. The following are quotes taken from the final reporting forms completed by the trainer/consultants:

> "I also want to take this opportunity to thank you for one of the most interesting and humbling experiences of my life. By placing me in the 'other man's shoes' I came away from this workshop with an awareness and understanding and desire to help that I will never forget. Thank you many times over."

> "I don't think anyone who is not constantly involved with visually impaired persons is aware of their needs. A new consciousness of their needs changed my attitude."

> "The whole training experience was exceptional. It added a whole new dimension to my training and thoughts. Please continue this program.

> This program training is not available anywhere else."
>
> "Now more than ever I appreciate the fact that the disabled are handicapped more by their social milieu than by their impairment. I have much more comprehension of the abilities of a handicapped individual."
>
> " A Girl Scout troop was so excited by a mini-workshop I held with their troop that they have begun creation of requirements for an Interest Patch which others might earn. A senior Scout has enrolled in a Braille transcribing course."
>
> "We have mainstreamed a few individuals who may have been unable to participate before because of our lack of training which helps us to see how 'really easy' it is to mainstream using volunteers and advocates when necessary."
>
> "The inservice 'coaxed' me to develop a wonderful friendship with a neat teenager who is visually impaired."
>
> "Recreation services are becoming more accessible to blind children due to increased awareness about transportation problems."
>
> "Provided me with necessary contacts needed in order to set up programs for the blind. Found channels to reach these visually impaired people."
>
> "Feedback from participants has been excellent. We have now completed two sessions, and requests have increased for the program to continue and expand."

Trainer/consultants have become much more aware of resources and are reaching out in their communities and states.

> "I am now making contact with teachers of visually impaired children within the city school system."
>
> "Aware of network within state and contact people."
>
> "We are currently enrolling visually impaired students at the center whereas before it

> was always stated that we were not prepared or equipped. I feel better about myself. I don't 'fear' visual impairment any longer."
>
> "Since the workshop, I have made many contacts. Talking books are now being made available for our students at the center. More visually impaired persons are coming to the center and I feel great that I am able to work with them."
>
> "The YWCA has been made more aware of how much a blind person can do for themselves. Also the public has accepted the visually impaired into our programs."
>
> "It just helped me better understand the need to mainstream and not segregate the visually impaired."
>
> "I find that professionals in the area call on me for advice re: integration or programming for visually impaired clients. I see this as a direct result from the training workshop at the state conference."
>
> "Ignorance to confidence. I now have a feeling of ease while interacting."
>
> "I have a very good understanding of the resources available in our community after putting on the local training workshop."
>
> "We don't shy away from getting the blind person involved in our activities."
>
> "My summer camp staff was able to provide a more quality program for the visually impaired individuals that were enrolled."
>
> "I guess I learned you can't take anything for granted. You need to ask and not be afraid to ask questions about their limitations."

Although some trainer/consultants were not able to complete the practicum due to various causes (job changes, budget cuts, no time) for those who have, many positive results have been recorded.

It is now expected that all individuals receiving cer-

tificates will continue to be active in promoting services for visually impaired children. A primary result of the training was awareness of the needs of visually impaired children and in many cases the participation of these children for the first time in recreation programs. It is hoped this trend will continue.

Book and Guide

The development and dissemination of materials in training of professionals and others working with visually impaired people, both children and adults, is one of the primary activities of the American Foundation for the Blind and has been since the organization's establishment in 1921. AFB will therefore incorporate the self-instructional package developed by this project into its regular production which will enable it to distribute the training materials nationally.

The possible markets where AFB will be distributing the self-instructional training packets include;

1. Community recreation and park facilities.
2. Public and private schools.
3. Universities with training programs in recreation and/or special education.
4. National organizations such as the Girl Scouts, the Boy Scouts, 4-H Clubs.
5. Parent groups.
6. Camping Programs.
7. Residential schools for the visually handicapped.
8. Specialized agencies for the blind.

The leadership role of AFB in the education of those working with visually impaired children and youth will, through this training package, continue on into the future. The time and effort that have gone into the development of this pack-

age has been extensive and has shown the sincere dedication of many individuals around the country. It is through these efforts that visually impaired children and youth will be accepted as active participants in their own communities, and will be able to have both satisfying and appropriate recreational experiences.

EVALUATION

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How We Conducted the Analysis

The goals of the evaluation component of this project were four-fold:

1) to measure the amount of knowledge the group of participants had at the beginning and at the end of the training workshop, and to measure the increase in knowledge (if any) that occurred as a result of this training;

2) to measure how competent the participants felt they were at the outset in subject areas that the workshop would address and to what extent their feeling of competency changed afterward;

3) to learn how the workshop participants felt about the workshop and how they thought it could be improved; and

4) to learn how the workshop participants performed the practicum tasks that were assigned to them and how they felt about that experience.

In order to meet these four evaluation goals, we designed a set of self-administered questionnaires for participants. A sample of each of these forms can be found in the Appendices section of this report. They are described below:

The pre-test knowledge questionnaire was given to the workshop participants at the beginning of the workshop and the post-test was given at the end in order to tap their knowledge before and after the training. It was based on written materials which were given to the participants during the workshop.

The Trainer/Consultant Questionnaire (see Appendix VII) was mailed to participants with their application prior to the workshop and asked them to rate the adequacy of their current competency in seven areas that the training would address. They were also asked various questions concerning how they hoped the workshop would be helpful to them and what they expected from it.

The Workshop Evaluation Form (see Appendix VIII) was given to participants at the conclusion of the training and asked them to rate the workshop as a whole, the materials given out, and the individual topic-area workshops. (This is the only form that was given out anonymously. We decided to do this in order to get an honest appraisal from the participants about how worthwhile the workshop was and how effective the invited speakers were).

The Final Reporting Form (see Appendix X) was mailed out six to eleven months after the training workshop. Participants were asked about the three main practicum goals (organizing a workshop, preparing a formal presentation and working with a blind or visually impaired child). We asked them to describe what they did to meet the goals, and several general questions regarding the relationship between the training and the practicum. We also used this final form to tap again their feeling of competency in the seven areas addressed in the Trainer/Consultant Questionnaire, and to ask several follow-up questions on their attitudes toward the workshop. Because sufficient time had passed since the workshops occurred to allow

them to apply the experience and to reflect on it we were interested in their retrospective evaluations, using questions that had been asked right after the workshop.

Results.

I. Pre-test and Post-test Knowledge Questionnaire

A 70-question multiple-choice test (based on written materials distributed at the Recreation Training Workshop) was distributed to the participants both before and after the workshop. (We will refer to these times as Phase 1 and Phase 2 respectively). Because of multiple parts, 80 items were analyzed. One question,asking for suggestions, is not relevant here. The questions covered various aspects of visual impairment (e.g., psychological development, orientation and mobility, terminology, activity adaptation, attitudes). The questionnaires were analyzed for the 73 people who filled out the form both before and after the workshop. (Several people who, for various reasons, did not complete both forms have not been included in this analysis).

a. Difficulty of questions

An analysis of the frequency of correct answers for each item indicated that there were several items which proved to be fairly easy at Phase 1, while others proved extremely difficult (see Table 1). Seven items were answered correctly by 35% or fewer persons at Phase 1, while 17 items were answered correctly by 90% or more. Most items fell somewhere in between, with the great majority being answered correctly by more than 50% and less than 90%.

Table 2 shows which questions were learned easily as a result of the workshop, and also indicates three items which were "unlearned" (i.e., 7 to 13 participants answered it incorrectly at Phase 2 even though they had it right at Phase 1). As expected, those items which showed the most improvement were those that few had answered correctly at Phase 1, so there was greater room for improvement.

There do not appear to be patterns in the substantive content of questions that were more or less difficult, although it does seem that definitional items are most easily learned. This may be because definitional items are more precise than are other types of questions, to which vague and/or disparate responses may apply. For an example of the latter, consider question 18 which states, "The more independent a blind person is, the more difficulty he/she has in asking help from others." Although the trainers decided the correct answer is false, and the written material that was handed out states this, a convincing case could still be made for the truth of that statement in certain cases.

b. Gain in Knowledge

Before examining the data measuring increase in knowledge, we decided that a 10% gain in participant's test score between Phase 1 and Phase 2 would be the minimum cut-off to indicate noteworthy gain in knowledge as a result of the workshop. (Since the post-test was given immediately after, we feel that any improvement in score is a direct result of the workshop experience). It turned out that there was an average gain of greater than 10% in every workshop (ranging from 14%

Table 1. Percentage of Participants Answering Questions Correctly on Pre-test (i.e. initial "difficulty of questions".)

Percent Who Answered Correctly	Question Numbers		
35% or less	11	38	
	14	44	
	17	77	
	25		
36 - 50%	9	23	39
	13	26	57
	16	28	
	19	30	
51 - 90%	All other questions		
90% or more	1	50	68
	3	53	71
	8	62	73
	24	63	74
	27	64	76
	45	66	

Table 2. Questions Which Were Answered Correctly/Incorrectly By More People on the Post-Test Than on the Pre-test

A. Number of People Who Answered Correctly More Often on Post-test Than on Pre-test	Question Numbers		
Over 35 people	38		
25 - 35 people	11		
	23		
	25		
	35		
15 - 25 people	5	28	46
	9	36	47
	12	37	52
	16	39	79
	26	42	

B. Number of People Who Answered Incorrectly More Often on Post-Test Than on Pre-test	Question Numbers
7 - 13 people	51
	59
	60

at the workshop in Colorado to 22% at the one in Virginia). (See Table 3). Eighty-nine percent of the participants showed at least some improvement in scores. Seventy-four percent showed a gain of greater than 10%, and 25% of the entire group answered at least 15 or more items correctly on the post-test than on the pre-test.

There appears to be some pattern of increase over the workshops by time, with the people in the later workshops increasing their knowledge more than those in the earlier experience. It might be suspected people with less knowledge about blindness were selected for the later workshops, but the mean pre-test scores for the workshops listed in Table 3 shows that this is clearly not the case.

The average increase in scores for all participants was 9.73 points or an 18% gain, i.e., on the average, participants answered almost 10 items more with the correct answer at Phase 2 than at Phase 1. Participants' scores on these tests varied widely. The scores on the pre-test ranged from a low of 39 to a high of 71 (mean 54.1) while the scores on the post-test ranged from 49 to 74 (mean 63.8).

We found, as expected, that people who scored low to begin with had a much greater increase in knowledge after the workshop than did the people who scored high at the start. The low scorers, of course, had the most room for improvement. Since the test had a ceiling score of 80, it was hard to measure significant improvement in those who scored close to it at the outset. Participants who scored below 49 on the pre-test went up an average of 16.95 correct items while those

with a score of greater than 61 to begin with went up on the average only 3.06 items. (See Table 4).

Although almost all participants improved their scores after the workshop, eight participants (11%) showed no improvement or negative scores. These negative scores (e.g., a lower score on the post-test than on the pre-test) were not significant (highest negative score was -2). Each of these eight participants had a relatively high score to begin with (ranging from 58 to 71), so little improvement could have been demonstrated by this questionnaire.

Table 3. Mean Pre-test and Post-test Scores, Mean Difference, Percent Improvement and Ranges

Dates of Presentation	State	Percent* Improvement	Mean Difference	# of Subjects	Mean Pre-Test	S.D.**	Pre-Test Range	Mean Post-Test	S.D.**	Post-Test Range
3/24 - 25,1981	Colorado	14%	+ 8.13	15	56.13	7.24	39 - 67	64.27	3.59	56 - 71
4/17 - 18 "	Oregon	19%	+10.00	11	53.64	7.62	40 - 70	63.64	6.03	52 - 70
5/7 - 9 "	Georgia	15%	+ 8.33	12	56.58	7.17	44 - 66	64.92	4.61	56 - 73
5/19 - 20 "	Minnesota	18%	+10.00	11	54.36	8.73	43 - 71	64.36	5.31	58 - 73
9/17 - 18 "	Virginia	22%	+11.00	14	50.57	5.69	40 - 60	61.57	5.85	49 - 72
10/7 - 8 "	Mass.	21%	+11.40	10	53.20	6.16	44 - 64	64.60	4.57	57 - 74
Overall		18%	+ 9.73	73	54.10	7.43	39 - 71	63.82	5.16	49 - 74

* Calculated as the difference between pre-test and post-test scores as a percentage of the pre-test score

** Standard Deviation

Table 4. Average Score Increase, Grouped by Pre-Test Scores.

Pre-Test Score	% of Subjects	# of Subjects	Average Increase (Post-Score minus Pre-)
Below 49	26.0	19	16.95
49 - 54	24.7	18	10.67
55 - 60	24.7	18	7.83
61 or more	24.7	18	3.06
	100.0%	73	

2. Trainer/Consultant Questionnaire

Immediately before the workshop, participants were given this questionnaire which asked how adequate they thought their knowledge was in seven areas of competency: functional implications of common eye diseases and disorders; orientation and mobility; techniques for teaching blind and visually impaired children recreation activities; activity adaptation for visually impaired persons; problems in integration; attitudes toward blindness and blind people; and identification of local and national resources in the area of blindness.

Each of these categories could be rated 1 ("quite adequate"), 2 ("some knowledge but not adequate") 3 ("not sure of adequacy") and 4 ("inadequate"). In order to get a measure of feelings of competency after the workshop, we asked the same question in the Final Reporting Form which was sent to participants six-eleven months after the completion of the training (most parts of that form will be discussed in the next section). We will refer to this part as Phase 2, and the first part as Phase 1.

For this analysis we have grouped categories 1 and 2 and consider them as positive ratings of competence, relative to categories 3 and 4 combined. The reader should keep this in mind, since the interpretation of category 2 (and even category 1)as an indicator of satisfaction with self-perceived competence is valid only in the special sense of being clearly more positive than category 4 (and probably more positive than category 3).

This analysis is based on 69 participants who answered

this questionnaire, and 41 who answered the Final Reporting Form. In answer to open-ended questions from the Trainer/Consultant Questionnaire, those categories indicated by 10% or more (8 or more people) will be mentioned. Answers which are indicated by less than 10% will be considered in "other" categories. (See Appendix XI for examples of answers which fell into these categories).

a. Expectations of the Training

The first question asked what the person's expectations were of the training. Most respondents mentioned a general gain in knowledge or learning general skills (78%). Forty-four percent mentioned learning adaptation methods and activities. Twenty percent indicated they expected to make contacts and learn about resources. Seventeen percent expected to bring information back in order to train workers for the visually impaired, students or teachers, and another 17% expected to learn more about programming, assessment, and mainstreaming. Thirteen percent anticipated bringing back information in order to work with the visually impaired and 12% expressed the wish to learn how to start a program or expand a program. Eleven percent expected to learn more about attitudes. Thirty percent of the people mentioned a variety of expectations which we placed into the category of "other".

When asked why they felt the training would be helpful to them, many of the same categories were mentioned. Forty-two percent mentioned a general gain in knowledge or skills; 22% mentioned training workers for the visually impaired, students

or teachers; 20% indicated working with the visually impaired; and 17% indicated starting or expanding a program. For this question as compared to the previous one, four categories of specific knowledge gain were mentioned much less often or not at all (resources 7%, adaptation methods 3%, assessment/programming, mainstreaming 6%, attitudes 0%). Twenty-three percent mentioned "other" categories. The decline in specific items may simply reflect respondents' reluctance to be redundant rather than a real distinction between their expectations of what the training would provide and what they expected to find useful.

b. Adequacy of Current Competency

We looked at how the seven areas of competency were rated by the groups, both at Phase 1 and Phase 2 and found there was a definite rank ordering of the areas . (See Table 5).

(1) Phase 1

"Attitudes toward blindness and blind people" and "Activity Adaptation for Visually Impaired Persons" were areas in which many people (over 70%) rated the adequacy of their competency positively. "Problems in Integration" and "Techniques in Teaching Blind and Visually Impaired Children Recreation Activities" were also rated positively by a majority, but by a smaller percentage (55-59%). In three categories, less than half the participants (42-45%) felt they had an adequate knowledge ("Orientation and Mobility"; "Identification of Local and National Resources in the Area of Blindness",

Table 5. Self-rated Adequacy of Current Competency in Seven Topic Areas

At Phase 1 and Phase 2

Topic	Mean		% Answering Positively (Answers 1 & 2 Combined) *		% Answering Negatively (Answers 3 & 4 Combined **		(Base N)	
	Phase 1	Phase 2	Phase 1	Phase 2	Phase 1	Phase 2	Phase 1	Phase 2
A. Attitudes toward blindness & blind people	2.07	1.05	78%	100%	22%	0%	(69)	(39)
B. Activity adaptation for visually impaired persons	2.40	1.28	71%	100%	29%	0%	(70)	(39)
C. Problems in integration	2.52	1.44	55%	95%	45%	5%	(69)	(39)
D. Techniques for teaching blind & visually impaired children recreation activities	2.59	1.36	59%	95%	41%	5%	(68)	(39)
E. Orientation and mobility	2.76	1.33	44%	97%	56%	3%	(70)	(39)
F. Identification of local and national resources in the area of blindness	2.83	1.49	45%	95%	55%	5%	(69)	(39)

Table 5. (cont'd)

Topic	Mean		% Answering Positively (Answers 1 & 2 Combined) *		% Answering Negatively Answers 3 & 4 Combined) **		(Base N)	
	Phase 1	Phase 2	Phase 1	Phase 2	Phase 1	Phase 2	Phase 1	Phase 2
G. Functional implications of common eye diseases and disorders	2.86	1.75	42%	92%	58%	8%	(69)	(40)

* Answer 1......Quite adequate

Answer 2......Some knowledge but not adequate

** Answer 3......Not sure of adequacy

Answer 4......Inadequate

and "Functional Implications of Common Eye Diseases and Disorders".) The last two categories had about a third of their answers fall into the extreme negative category (inadequate), (32 and 33% respectively). While most people did not place answers in the extreme positive category (quite adequate), 15 people (22%) did circle that category for the area of attitudes. These figures indicate that there was a notable difference in the level of people's feelings of adequacy in these areas.

We also looked at the ratings for each of the seven areas of competence according to workshop persons attended (identified in table by the states in which the workshops were held; the listing reflects this in chronological order . See Table 6). This table indicates that each state workshop started with very different patterns of adequacy across these areas. For instance, in the area of Functional Implications of Eye Diseases, 83% of the people in Georgia felt that they were at least somewhat competent (picked category "1" or "2"), while only 23% of those in Colorado felt that way. However, in the area of Attitudes, by far the most participants in Colorado felt they were competent (92% indicated competency). There is no consistent pattern of competency among the state workshops, although in general the rank order of areas of competency within each state is very similar to the overall order (see Table 5 , already discussed). The differences in perceived competency by state might appear to be an effect of the selection process for the training, however, we've been assured there is no intentional difference in this pro-

Table 6. Self-perceived competence in seven subject areas by state.

Subject areas of self-perceived competence	States Percent who perceived themselves as "competent"*					
	CO	OR	GA	MN	VA	MA
A. Attitudes toward blindness & blind people	92%	77%	83%	73%	75%	67%
B. Activity adaptation for visually handicapped persons.	71%	67%	67%	64%	58%	75%
C. Problems in Integration	61%	55%	66%	36%	41%	64%
D. Techniques for teaching blind and visually handicapped children recreation activities	75%	67%	67%	54%	33%	58%
E. Orientation & Mobility	57%	44%	42%	45%	33%	42%
F. Identification of local and national resources in the area of blindness	38%	44%	58%	64%	42%	25%
G. Functional implications of common eye diseases and disorders	23%	44%	83%	36%	25%	42%

---

* "Competent" includes persons who responded "Quite adequate" or "some knowledge but not adequate"; in contrast to those who responded "not sure of adequacy" or "inadequate" (not shown in table).

cess. There does not appear to be any noticeable difference in the backgrounds of the people who were picked for the workshops by state.

(2) Phase 2

The mean value of ratings of competence in the seven areas previously mentioned is also shown in Table 5 for Phase 2. The results show clearly that participants rated themselves much higher in competence six to eleven months after the workshop than they had done prior to it. In all cases, the mean score went up at least one complete point. The rank order of the topic areas changed, but only slightly, (e.g., Problems in Integration was now rated lower than Orientation and Mobility). The highest and the lowest ranked areas at Phase 1, Attitudes and Eye Diseases respectively, retained these relative positions at Phase 2. In every competency area, at least 92% rated themselves positively at Phase 2 and in two areas (Attitudes and Activity Adaptation) a full 100% who answered the question gave themselves a positive rating (1 or 2). (See Table 5 for a breakdown of all ratings in both phases).

(3) Increase In Knowledge vs. Increase in Competence

We were interested in whether the level of knowledge was related to one's feelings of competency. To do this analysis, we split the participants into two groups---one whose competency on the average, increased by one full point or more, and the other those whose competency increased by less than one point between Phase 1 and Phase 2. We then compared the difference between the group's pre-test and post-test knowledge score (see Table 7). Those with a large increase in com-

Table 7. Change in mean knowledge scores according to large or small increase in self-perceived competence

Areas of self-perceived competence	Increase in self-perceived competence		
	Large [a/]	Small [a/]	Total
	(mean difference in knowledge scores, as appropriate [b/])		
A. All seven areas	11.7	5.0	9.1
(Base N=)	(20)	(13)	(33)
B. Attitudes	.8	-.2	.5
(Base N=)	(23)	(10)	(33)
C. Integration Problems	.4	.4	.4
(Base N=)	(24)	(8)	(32)

[a/] "Large" refers to an average increase of 1 point or more out of possible 3 points. "Small" refers to an average increase of less than 1 point.

[b/] In row A, "appropriate" refers to all knowledge items. In row B, "appropriate" items cover the attitude area, specifically questions 1, 15, 17, 18, 19, 20, 21, 27, 31 and 33 of the knowledge questionnaire (Appendix II). In row C, the term "appropriate" covers items referring to integration problems, specifically questions 52, 53, 56, 58 and 59 of the knowledge questionnaire.

petence also had a large increase in their knowledge score (an average of 11.7), while those with little increase in competence had a smaller increase in level of knowledge (5.0 average). What is important to note here, however, is that those whose scores increased the most also started with lower knowledge scores (mean 52.2 as opposed to the 61.6 mean for the other group) and had more room for increase. These people also started with lower feelings of competency (mean 62.9) while the other group started higher (mean 1.8) and also had more room for an increase in feelings of competency. There was little difference in the mean competency score for the two groups at Phase 2 (1.4 for the large-difference group and 1.3 for the small-difference group). The Phase 2 knowledge score for the two groups was also similar (63.9 for the large-difference group and 66.6 for the small-difference group).

In addition to looking at the overall scores for both knowledge increase and increase in competence, we decided to look at specific areas separately. Due to time limitations, we have analyzed only two out of the seven competency areas, and related the increases in those areas to the gain in knowledge in those same areas. We looked at feelings of competency in the areas of attitudes and integration problems. To do this, two people who were involved in the project independently identified items from the 80-item knowledge test that specifically tapped that knowledge. Only questions which were agreed upon by both people were included. The questions used for the attitudes analysis were questions 1, 15, 17, 18, 19, 20, 21, 27,

31 and 33. For the integration problems analysis, we used questions 52, 53, 56, 58 and 59.

For each of these two areas, we calculated the average knowledge score increase for two groups--those whose competency in that particular area went up one point or more (i.e., increased over time), and those whose did not go up at least one point (i.e., no increase in competency. See Table 7).

There appeared to be a significant difference between the two groups when comparing competence in the area of attitudes. The group whose competency increased at Phase 2 had an average increase of .8 in scores out of the 10 items pertaining to knowledge in the area of attitudes, while the group whose competency did not increase had an average negative change in knowledge score (i.e., on the average, their scores on the 10 questions were slightly lower (-.2) at Phase 2).

We did not find this pattern with integration problems competency, however: for both groups, the average knowledge score increase over time was exactly the same (4 items out of the 5 questions we selected regarding integration problems).

These results indicate that the relationship between objective changes in knowledge and changes in the subjective sense of competency is complex and may depend in part on the substantive areas involved. However, we also have to consider methodological factors, since the correspondence between the particular test items and the underlying domain of knowledge may be closer in some of these areas than others. We feel that our data demonstrate that an overall relationship (combining all substantive areas) does exist. Further analysis in

the remaining five subject areas might shed light on whether substantive or methodological factors are more important.

Table 8. Self-Perceived Adequacy of Knowledge at Phase 1 and Phase 2

	Phase 1 Percent	Phase 2 Percent
A. Attitudes toward blindness & blind people		
1. Quite adequate	22%	95%
2. Some knowledge but not adequate	57	5
3. Not sure of adequacy	14	0
4. Inadequate	7	0
	100%	100%
B. Activity adaptation for visually impaired persons		
1. Quite adequate	9%	72%
2. Some knowledge but not adequate	59	28
3. Not sure of adequacy	17	0
4. Inadequate	16	0
	101%*	100%
C. Problems in integration		
1. Quite adequate	7%	62%
2. Some knowledge but not adequate	48	33
3. Not sure of adequacy	30	5
4. Inadequate	14	0
	99%*	100%
D. Techniques for teaching blind and visually impaired children recreation activities		
1. Quite adequate	6%	69%
2. Some knowledge but not adequate	53	26
3. Not sure of adequacy	18	5
4. Inadequate	24	0
	101%*	100%

Table 8. (cont'd)

	Phase 1 Percent	Phase 2 Percent
E. Orientation & Mobility		
1. Quite adequate	1%	69%
2. Some knowledge but not adequate	43	29
3. Not sure of adequacy	34	3
4. Inadequate	21	0
	99% *	100%
F. Identification of local and national resources in the area of blindness		
1. Quite adequate	6%	56%
2. Some knowledge but not adequate	39	38
3. Not sure of adequacy	22	5
4. Inadequate	33	
	100%	99% *
G. Functional implications of common eye diseases and disorders		
1. Quite adequate	4%	33%
2. Some knowledge but not adequate	38	60
3. Not sure of adequacy	26	8
4. Inadequate	32	0
	100%	101%*

* Totals do not always add up to 100% due to rounding.

3. Workshop Evaluation Questionnaire

This form was given to participants immediately after the workshop, to fill out anonymously. They were asked to rate different aspects of the workshop in relation to their own goals in attending, and were also asked to indicate some general ratings of the training they received and the various topic-area sessions they attended. The following analysis is based on 77 completed Workshop Evaluation Questionnaires.

Most of the questions were "open-ended" (i.e., persons responded in a narrative way rather than selecting among predetermined response categories.) For analysis of the open-ended questions categories were developed after reading a sample of responses. Initially-proposed categories were modified after testing for coding reliability (two staff members independently coded a sample of responses). Note that the percentage of persons indicated to have answered category of a question add up to more than 100% in most cases because individuals could answer in more than one category. Note also that on open-ended questions we report only responses which four or more people mentioned. Responses given by less than four people were placed into the category of "other".

a. Questions Referring to Goals & Objectives of the Workshop

Participants were first asked to describe their own goals in attending the workshop. A majority of people (57%) stated that their goal was to increase their general knowledge or to learn general skills. (See Appendix for examples of the categories of answers reported here and in subsequent paragraphs).

Thirty four percent stated that they wished to bring information and training back with them from the workshop in order to work with the visually impaired. Again 34% stated that they wanted to gain knowledge specifically about adaptation methods and techniques, and about activities. The goal of 22% of the participants was to make contacts in the field or to find out about resources, either in their own area or nationally. Twenty percent wanted to bring information back in order to train workers for the visually impaired, students and teachers. Seven percent indicated their wish to gain self-assurance from the workshop. Seven percent also wished to learn specific information about eye diseases, and 5% about orientation and mobility. One-quarter of the participants (25%) indicated answers that fell outside the above categories.

Participants were then asked to circle the number which came closest to their opinion about how well their personal goals were met by the workshop. Possible ratings ranged from a high of 1 ("very well") to 4 ("very poorly") shown as end points on a continuum; the middle points (2 and 3) were shown without labels. We found that 40% circled "1" and 51% circled "2", giving an overwhelming majority (91%) who responded positively. Viewed another way, the mean value of these ratings was 1.72, which may be interpreted that goals were met between "very well" and "well" for the average participant. (See Table 9).

The next question asked whether the stated goals of the workshop were clear at the outset. Ratings ranged from

1 (very clear) to 4 (not at all clear). An even greater majority (95%) answered this question positively, with more than two-thirds of the positive answers falling into category 1. The mean score for this question was 1.42, about halfway between "clear" and "very clear." (See Table 10).

Space was left on the evaluation form for comments. Although almost four-fifths of the participants (79%) did not add substantive comments, 8% volunteered that although goals were stated, they were not carried out well throughout the sessions.

Ninety five percent of the participants answered positively that the stated objectives were actually met, 32% checked "very well", 63% "well" (see Table 11). The average rating was 1.74. In the comments section of this question several respondents mentioned that some goals were met while other goals were not, but they did not specify their answer further.

b. Topics Needing Further Development

Participants were then asked whether there was anything in the written materials that should have been developed further in the presentations. Thirteen percent gave a positive answer of a general nature, 8% gave a negative answer of a general nature, while 22% of the participants' answers fell into the "other" category. Eight percent specifically mentioned the need for developing activity adaptation further. Thirty eight percent did not feel that there was anything in the written materials which needed further development or did not answer the question, thereby implying that they had nothing to add.

Table 9. Frequency Distribution for Q. 1b: How well were your personal goals met?

Answer	Category	Frequency	Percent
Very well	1	30	40%
	2	39	51%
	3	5	7%
Very Poorly	4	2	3%
TOTAL		76	101% *

Mean: 1.72

Table 10. Frequency Distribution for Q. 2: Were the goals of the training workshop clearly stated at the outset?

Answer	Category	Frequency	Percent
Very Clear	1	50	65%
	2	23	30%
	3	3	4%
Not at All Clear	4	1	1%
TOTAL		77	100%

Mean: 1.42

* Totals do not always add to 100% due to rounding.

In answer to the question of whether there were any other topics which should have been covered more fully in the workshops besides the written materials, many more categories were mentioned by noteworthy numbers of people than on the previous question. Twelve percent mentioned activity adaptation (the only significant category mentioned previously). Seven percent said more coverage was needed of recreation activity instruction and leadership techniques, and an equal number felt there should be more "hands-on activity" with the visually impaired. Five percent felt there should have been more coverage in the workshops of orientation and mobility and more coverage of eye diseases and medical precautions. Five percent gave an unspecified positive answer to this question, while one-quarter (25%) said no to this question or did not answer.

c. Overall Rating

When asked to give an overall rating of the workshop, 94% responded positively (45% rated it "excellent" -- "1", and 49% rated it a "2"). (See Table 12). The mean rating for the 75 people who answered this question was 1.6.

d. Areas of Confidence

Participants were then asked whether they felt "confident as a result of the workshop to give training/consultation to colleagues in providing recreation services to blind and visually impaired individuals", and, if so, in what areas. A full 68% said "yes" to this question, and an ad-

Table 11. Frequency Distribution for Q. 3: How well were the stated objectives actually met?

Answer	Category	Frequency	Percent
Very Well	1	23	32%
	2	46	63%
	3	4	6%
Very Poorly	4	0	0%
TOTAL		73	101%*

Mean: 1.74

Table 12. Frequency Distribution for Q. 6: Please circle the number that comes closest to your overall rating of the workshop.

Answer	Category	Frequency	Percent
Excellent	1	34	45%
	2	37	49%
	3	4	5%
Very Poor	4	0	0%
TOTAL		75	99%

Mean: 1.60

*Totals do not always add up to 100% due to rounding

ditional 20% said "yes, in some areas, and no, in other areas". The remaining 8% mentioned only categories in which they did not feel confident. (See Table 13). Thirty-three percent felt confident to give training/consultation in activities and recreation adaptation techniques, while only one person cited this area as one in which he/she did not feel confident. Thirty percent felt confident about their general knowledge in the areas covered by the workshop. Twenty-nine percent of the participants mentioned feeling confident in orientation and mobility, while 8% mentioned that they were not confident in this area.

Fourteen percent felt confident about locating resources, 12% about planning training sessions and 8% about attitudes. In only one category--medical precautions and diseases--did more people feel they were not sufficiently confident to give consultation/training than did feel confident (10% felt they were not, while 8% felt they were). Twenty-six percent of the respondents cited various other areas in which they felt confident and 5% cited "other" areas in which they felt negative as to confidence.

e. Evaluation of Topic Area Sessions

The next section of the evaluation asked the participants to rate the individual sessions they attended, both for usefulness of content and for effectiveness of presentation.

Each group of participants took part in five or six types of sessions selected from the following 10 broad cat-

Table 13. Frequency Distribution for Q. 7: Do you feel confident, as a result of this workshop, to give training/consultation to colleagues in providing recreation services for blind and visually impaired individuals?

Answer	Frequency	Percent
Yes, only	51	68%
Yes, in some areas, No, in others	15	20%
No, only	6	8%
Unsure	3	4%
	75	100%

egories: Functional Implications of Visual Loss; Orientation and Mobility; Activity Participation Using simulators; Activity Technique and Adaptation; Activities with Children; Leadership Techniques and Activity Adaptation; Panel Discussions; Activity Participation and Program Implementation; Integration; and Continuum of Services. Although some of these categories were used in all six states, the content of sessions within each type was different in each state, i.e., different speakers, activities, etc. Because of these differences we have not attempted to group sessions together for the purpose of evaluating the workshops by subject. We have, however, grouped them together for the purpose of comparing ratings of sessions on "usefulness of content" and "effectiveness of presentation." Our aim here was to discover if these two dimensions for evaluation of sessions were differentially judged.

The content was rated from a high of "1" (very useful) to a low of "4" (not at all useful). The method of presentation was rated from a high of "1" (very effective) to a low of "4" (not at all effective). Space was left for participants to write an explanation of their ratings. In eight out of the ten categories, the average rating, when rounded to the nearest one-tenth of a point was identical for both usefulness of content and effectiveness of presentation. In the remaining two categories the difference between the ratings of the two categories is at most .2. As we would expect, this points out the high correlation between feeling that a particular

workshop is useful and thinking that the person's presentation was done well. Overall, the average rating for both dimensions was 1.6, about halfway between the extremely positive and the positive category for both dimensions.

Explanations for ratings of specific sessions varied widely, but some patterns were found. Nine percent of the participants praised the speaker; the same number of people said the workshop led to a gain in knowledge, and 8% mentioned clarity. On the negative side, only one category stood out--length of presentation. However, even this point was made by only a small minority (6%) and was divided between those who felt that a particular presentation was either too long or too short. An additional 22% mentioned other positive comments, and 12% mentioned other negative comments.

f. Comments and Suggestions

The final question on this form asked for comments or suggestions for improving workshops in other states. Many people used this space to praise various aspects of the training. Ten percent mentioned that the resource materials such as the written materials, and film presentations were very useful. Suggestions for improving the workshop fell into several categories: 17% mentioned a change in time allocation (either lengthening the workshop, shortening it, or reallocating time for different activities judged as more necessary or less necessary); 10% had suggestions concerning activity adaptation (most wanting to know more and to have more

"hands-on" experience); 9% mentioned wanting more medical and technical information; 7% suggested a change in the organization or structure of the workshop; and 7% had suggestions for changing the choice of activities undertaken. Thirty-four percent wrote a general positive reaction in the space provided. Twenty-nine percent mentioned other specific topics in a positive light, while 9% had suggestions which also fell into other categories.

In conclusion, the overwhelming response to the workshop was highly positive, with well over 90% of the participants answering positively to every rating question. They did not feel, however, that the workshops were without need for improvement, and wrote many helpful suggestions about the things they felt were not up to par, or were satisfactory but could be made even better. These specific suggestions have been made available to the planners and can be obtained from them on request.

4. Final Reporting Form

This questionnaire was mailed to the home or office of the participants from six to eleven months after the conclusion of each workshop. To date, we have 41 returns which are the basis for this analysis; we expect additional returns will be received after the completion of this report. The questionnaire asked about:the practicum goals participants had worked on since the completion of their training; feelings of competency (analyzed in the section on Adequacy of Current Competency); and evaluation of the workshop using some questions which were asked previously in the Workshop Evaluation Questionnaire, and several other questions about their general thoughts on the workshop in retrospect.

a. Practicum

The first part of the form asked detailed open-ended questions about the three practicum goals. Since each person's experiences were so varied that they defied concise categorization, we have instead chosen to use a narrative approach to illustrate the responses. (See Appendix XI for this detailed example). For detail on the types of practicum experiences that were reported, please see the "Summary" section beginning on page 34.

We did, however, analyze the practicum reports quantitatively to see what percentage of workshop participants completed each goal. For Goal I, "Organize a training workshop", 68% of the participants who returned the form to us held one

workshop and 12% held more than one. Ten percent said that they had not done this but still plan to hold one, and 7% said only that they had not done this.

In answer to the question regarding Goal II "Prepare and deliver a formal presentation to a group likely to have impact on recreation services", 61% had completed it, 15% completed more than one presentation, 5% indicated that they still plan to complete the goal and 15% indicated only that they had not.

For Goal III "Become involved with a blind or visually impaired child or youth in a recreation setting", 65% indicated that they had done it, 10% indicated they had become involved with more than one such child, 5% still plan to do this and 20% indicated only that they had not done it. We also asked participants some detailed questions about the person they chose to work with in order to complete Goal III. (See Table 14 for this information in tabular form). Note that 15% of the participants did not work with a youngster but chose to work with visually impaired persons whose ages ranged from 23 to 68. No one indicated working with anyone from the ages of 35 to 59, therefore there is a wide gap in the age range section of this table. We asked about the cause of the person's visual impairemnt but did not include this in Table 14 because (a) only 44% provided this information and (b) no single cause was mentioned with sufficient frequency.

Participants were asked to rate the amount of aid they felt the written materials and the training workshop provided

Table 14. Characteristics of Subjects Chosen to Fulfill Goal 3 of the Practicum

Subject's Characteristics		Percent	(Base N=41)
a. Age	under 10 years	15%	
	10 - 15 years	22	
	16 - 22 years	24	
	22 - 35 years	10	
	60 - 68 years	5	
	No information	24	
	TOTAL	100%	
b. Sex	Male	39%	
	Female	32	
	No information	29	
	TOTAL	100%	
c. Handicapping Conditions			
	Visual only	17%	
	Visual plus other	34	
	No information	49	
	TOTAL	100%	
d. Amount of vision			
	Totally blind	32%	
	Partially sighted	39	
	No information	29	
	TOTAL	100%	

them in fulfilling their practicum goals. In all cases, at least 69% of the participants answered positively (a "1" or a "2"). (See Table 15). Although participants felt positively about the aid which the written materials provided them in working with a child (69% responded positively), it appears that they felt the training workshop was even more helpful in this respect (81% responded positively). For the other practicum goals the differences between written materials and training workshop are much less noteworthy.

We asked whether the practicum experience added to their knowledge of recreation for blind and visually impaired children and youth. Ninety percent of the participants answered that it had, giving a wide range of explantions; 10% mentioned that it helped them specifically in the area of appropriate programs, and 10% mentioned activity adaptation.

In answer to how well the participants felt the practicum met their needs in working with blind and visually impaired children and youth, 47% of those who answered the question rated the answer a "1" (very well), 51% rated it a "2", and only 3% rated it slightly negative a "3", while no one rated it a "4" (very poorly).

When we asked for suggestions for adding to or changing the practicum, 49% either said no or did not answer the question (implying that they had nothing to add to it). The other 51% had widely disparate answers, some examples of which are included in Appendix XI.

b. Workshop and Curriculum Materials

The next two questions we asked had also been asked in

Table 15. Ratings of Aid Provided by Written Materials and Training Workshop In Fulfilling Practicum Goals

	Rating					
	Very much aid			Very little aid		
Written Materials	1 percent	2 percent	3 percent	4 percent	Total	(Base N)
a) Organizing a Training Workshop	51	40	9	0	100%	(35)
b) Working with a Visually Impaired Child	30	39	21	9	99% *	(33)
c) Delivering a Formal Presentation	38	44	15	3	100%	(34)
Training Workshop						
a) Organizing a Training Workshop	54	32	14	0	100%	(37)
b) Working with a Visually Impaired Child	42	39	9	9	99% *	(33)
c) Delivering a Formal Presentation	37	43	17	3	100%	(35)

* Totals do not always add up to 100% due to rounding.

the Workshop Evaluation form which was given out immediately after the training. We wanted to see if thoughts in this area had changed over time. We asked if there was anything in the written materials or otherwise that should have been developed further in the presentation. The answers we got were similar to those already discussed in the section on the Workshop Evaluation. Regarding the written materials, 7% mentioned general knowledge, 7% mentioned activity adaptation, 5% mentioned eye diseases and medical precautions, and 38% mentioned topics which fit into the "other" category. Fifty-nine percent said no or did not answer this question. This is notably higher than the figure obtained (38%) when the question was asked in the earlier version. We suspect that the difference reflects problems of recall about specific details, rather than a considered change in evaluation of the adequacy of the development of written materials .

In answer to the question concerned with things other than the written materials, 12% mentioned activity adaptation, 7% mentioned resources, 7% indicated more "hands-on" activity with children, and 5% indicated eye diseases. Forty-one percent gave answers which we placed into the "other" category, and 39% answered no or did not answer the question. (Again the latter figure was notably higher than was obtained in the earlier version, 25%).

Finally, we asked several questions of a general nature about the experience. We asked again whether, and in what areas, they felt confident to give training/consultation to colleagues

in providing recreation services for visually impaired individuals. (This question had been asked earlier in the Workshop Evaluation Questionnaire given at the conclusion of the training). Well over half the participants (59%) said that they felt confident in the area of activities and recreation adaptation techniques (5% said they did not feel confident in this area). Twenty-seven percent felt confident to give training/consultation in orientation and mobility, while 5% said that they did not. Twenty percent mentioned that they felt confident in locating resources, and in general knowledge, 7% indicated confidence in assessment, programming and mainstreaming and 5% felt confident in planning training sessions. Nobody indicated that they did not feel confident in these latter areas. Twenty percent mentioned confidence in other specified areas, while 10% mentioned they did not have confidence in other specified areas.

When asked if there were any other ways that the training experience was helpful to them, 37% said it helped them to make contacts and learn about resources, 15% said it was helpful in learning general knowledge and general skills, and 15% said it led to awareness. Forty-two percent of participants indicated "other" categories, 20% said no or did not answer this question.

We thought it would be interesting to learn whether any unexpected activities or involvements occurred as a consequence of the entire training experience. Twenty-nine percent indicated that it led them to involvement in a new area of activity, while 15% mentioned other answers. Fifty-four per-

cent said no or did not answer this question.

When asked if there had been any changes in the types or quality of recreation services for youngsters as a result of the person's training, 17% said it was too soon to tell, another 17% said there was more involvement with mainstreaming children in their communities, and 15% said there are better programs as a result. Eight percent said there has been a positive attitude change and more acceptance, while 5% said that there was too little money, personnel or resources in their community for a change to be made. Twelve percent of the answers fell into other categories.

One last question simply asked for any other comments the person wished to add. Fourty-four percent of these comments were purely praise for the workshop, 10% added other comments, and 46% did not answer the question.

Research Summary and Conclusions

The evaluation research used five data collection instruments to measure changes: a) in knowledge about blindness and recreational programming for blind persons; b) in self-perceived competency in the same topic areas, and c) satisfaction with the workshops that were designed to increase both knowledge and the sense of competence. The questionnaires were self-administered at different points in time: one a few weeks before the workshop, one immediately before, two immediately after, and one from six to eleven months after the workshop.

The subjects were 77 recreation workers, each of whom attended one of the workshops held in six states over the period March 1980 through October 1980. The number of completed responses varied across questionnaires.

A brief summary of results and implications follows:

1. Knowledge - Most participants had a considerable amount of correct information in the areas covered by a written test of their knowledge given to them before the workshop began. Only about 1/5 of the test items (17 out of 80) were not answered correctly by at least 1/2 of the respondents at Phase 1; conversely, the same number of items were answered correctly by fully 90% or more respondents.

This suggests that the materials to be covered in future workshops (and/or the test items selected) should presume a certain amount of prior knowledge and should concentrate on more "difficult" (i.e., less widely-known) aspects. Of

course, this recommendation assumes that similar selection procedures in the future would obtain participants with similar levels of knowledge.* (Further analysis of the present data could be done to determine which background characteristics, that might be available as selection criteria, predict differing levels of prior knowledge in the subject areas of these workshops).

It should be noted that the "difficult" or less widely-known items were scattered among the sub-topics to be addressed in the workshop. Thus, none of these topic areas as a whole could be eliminated.

In spite of the higher level of knowledge among participants at the outset than was expected by the evaluators or the workshop planners, there was substantial gain in measured knowledge as a result of the workshop. Nearly all participants (89%) showed some increase in test scores and three-quarters (74%) increased their score by 10% or more; the average increase was 18%. (There did remain a very few items that were not generally learned at Phase 2: items 14, 17, 44, 47. See Appendix VII for specific content of those items).

The research results further suggested that there was some improvement in the workshop teaching techniques over time, since there were systematically greater group gains in knowledge in later workshops as compared to earlier ones, even

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* It is, of course, possible that between the time participants applied and were selected for the workshop and their arrival there, they made some effort on their own to become more informed in the area of blindness. Our research design did not permit a test of this possibility.

though initial group scores were similar in the earlier and later workshops. The workshop staff should attempt to specify how their techniques changed so that these apparent improvements can be built into future attempts.

2. Self-Perceived Competency - In spite of the generally high levels of prior knowledge (as measured), the research data suggest that most participants did not have as high levels of self-perceived competency at the outset. We assume that both factors - objective knowledge and self-confidence in adequacy of knowledge - are important components of readiness to work with blind and visually impaired persons.

We found that competency self-ratings differed widely by topic areas at Phase 1. At Phase 2, self-ratings improved in all areas in such a way that there was almost uniform positive response. Nevertheless, even several months after the workshop (and after most participants had carried out assignments to apply their learning in a "practicum" experience back in their community) many expressed at least slight reservations about their competency.

Given the general increase in self-perceived competency, we consider that the remaining reservations reflect a "diffidence factor" or "open-mindedness factor" which is not inhibiting but rather is consistent with willingness to work with blind or visually impaired persons.

3. Relationship of Change in Knowledge to Change in Self-Perceived Competency - The most interesting findings of the evaluation research concerned the relationships observed

between changes in knowledge (as objectively measured) and changes in participants' sense of competence. The point here goes beyond the finding that the aggregate knowledge test scores and the overall ratings of self-perceived competence both improved between Phase 1 and Phase 2 measures. Beyond that our analysis found that the gains in sense of competence were notably greater for the sub-group whose knowledge test scores rose substantially than they were for the sub-group whose test scores increased only slightly or not at all. Since the pre- and post- workshop tests of knowledge were given at different times from the pre- and post- workshop questions on self-perceived competency, we do not attribute this finding to an artifact of measurement.

4. Satisfaction - Naturally it is gratifying for workshop planners to receive favorable evaluations of their efforts, and the questionnaire responses provided that gratification. Large majorities gave high overall ratings to the workshop, and to more specific questions about the clarity of stated workshop goals, whether those goals were met, and whether their own personal goals were met. Nevertheless, the planners and researchers recognize that several factors may "inflate" the positive response on such questionnaires; thus, our interest lies more in the few critical appraisals and particularly in the suggestions for improvement.

Some "inflation" of positive responses is expected due to implicit norms of politeness that may be activated when the evaluation is conducted by the same organization as con-

ducts the workshop, even though a different department is responsible; our use of anonymous evaluations probably minimized but did not eliminate this possibility. Furthermore, participants probably were motivated, at least subconsciously, to feel, and to show, that their time at the workshop was well-spent. This motivation is a positive basis for actual participation, but it also can lead to subtle exaggeration of the value of one's efforts.

One way to "discount" the inflation factor is to move the "cutting point" for negative responses up one notch. In other words, using the set of four possible ranks, with rank 1 being highest, we may consider the break between ranks 1 and 2 rather than between 2 and 3 as dividing the "positive" from the "negative" reactions. Based on this much more stringent rule, we would conclude that a slight majority (54%) of participants were somewhat negative, or at least had reservations , in their overall rating of the workshop.

Even under this stringent rule, a strong majority (65%) reported no reservations about how clearly the workshop goals were stated at the outset. However, in their judgment of how well the stated objectives were actually met, only 32% gave an unqualified positive response. A slightly higher percent (40%) were unqualified in indicating that their personal goals were met.

As is typical in studies like this, few people volunteered information on specific areas needing improvement or made suggestions. Of those who did, the main call was for more

"hands-on" experience. Of course, they had this opportunity in the subsequent practicum experience, which most of the respondents considered valuable. Here again, however, a slight majority (54%) expressed some reservations in how well the practicum met their needs.

Overall, we conclude that most participants gained in both their objective and subjective competence in mainstreaming blind and visually impaired persons in their recreational programming, as well as in their ability to train other recreation personnel. Many expressed slight reservations about some aspects of the workshops, but these reservations generally were non-specific or dealt with rather unique points. Future workshops might benefit from "fine-tuning" based on individual suggestions.

Finally, as to the research effort, we feel the opportunity to gather so much data (and the willingness of participants to be so cooperative) was valuable. Some feedback - on knowledge test scores - has already been given to respondents, who seemed to appreciate it, and all will receive a summary of the overall results.

The present analysis only skims the potential of the data; further questions that may be explored include examining how satisfaction with the workshop was related to gains in knowledge and self-perceived competence, and how participants' background characteristics were related to their initial competence and to gains in competence.

Appendix I

AMERICAN FOUNDATION FOR THE BLIND, INC.

Workshop on Recreation for the Blind and Visually Handicapped

MODULE EVALUATION FORM

Module Title ______________________

YES NO

☐ ☐ 1. Are the objectives for this module clear? If you had difficulty understanding any of the objectives, please explain your difficulty. ______________________

☐ ☐ 2. Are the objectives relevant in terms of your personal needs? Please identify those which you consider to be least relevant.

☐ ☐ 3. Do the objectives reflect a comprehensive overview of the subject matter? If an area is not covered adequately, please identify.

☐ ☐ 4. Is there an appropriate balance between cognitive, affective and psychomotor objectives? Explain your thoughts concerning imbalance. ______________________

☐ ☐ 5. Were the levels of learning indicated by the objectives appropriate for your personal training needs? Identify those that were too high or too low. ______________________

6. Generally speaking, were the learning activities appropriate for the objectives?

List those learning activities that were most valuable.

a.____
b.____
c.____

List those learning activities that were least valuable.

a.____
b.____
c.____

☐ ☐ 7. Do you feel you will be able to make use of the learning activities in your future professional roles? Identify those you feel will be most useful in terms of consultation and/or training. ______

☐ ☐ 8. Are the learning activities comprehensive in terms of covering all areas specified by the module objectives? Identify those areas where you found gaps. __________________________

☐ ☐ 9. List those learning activities which you feel should be excluded from future training materials.

a. ____
b. ____
c. ____

☐ ☐ 10. Do you feel the performance criteria were appropriate for the level of learning suggested? Identify any you considered to be inappropriate. ________________________________

☐ ☐ 11. Do you feel the performance criteria were relevant for your personal training needs? Identify those you consider least relevant. ____________________________________

☐ ☐ 12. Were the performance criteria comprehensive in terms of learning objectives? Identify any gaps. ______________________________

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☐ ☐ 13. Did the introduction to the module adequately explain the purpose objectives and limitations? If not please suggest how it might be improved.______________________________________

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☐ ☐ 14. Please provide any final comments that you feel might have value for future revisions of the modules.________________________

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THANK YOU FOR YOUR EFFORT

Appendix II

The following pages give you a chance to test yourself on your knowledge about blindness. There are lots of questions, but they can be answered quickly, simply by circling the answer that comes closest to your opinion. Please don't skip any question.

We will be sending you soon some materials that provide information about blindness in all areas covered by the questions. More material will be covered in the Workshop. You will then have a chance to test yourself again.

Name ______________________________

Address ____________________________

____

Check here if you would like to get copies of your responses after your Workshop experience. . . . . ☐

/ / / /
1 2 3

RECREATION WORKER QUESTIONNAIRE

PLEASE CIRCLE THE ANSWER WHICH COMES CLOSEST TO YOUR OPINION FOR EACH OF THE FOLLOWING QUESTIONS: 4/R

	I Agree	I Disagree	I Have No Idea	
1. The greatest challenge for blind and visually handicapped people is to convince the sighted that the blind and visually handicapped are fully capable of leading active and productive lives.	1	2	3	5/
2. Most "severely visually impaired" persons are totally blind.	1	2	3	6/
3. When a person loses his/her vision later on in life, after awhile he/she no longer possesses the ability to visualize.	1	2	3	7/
4. Doctors feel that the best way for a visually handicapped person to retain the little sight he/she possesses is to use it as sparingly as possible.	1	2	3	8/
5. The term "legal blindness" was originally defined for economic needs as opposed to the need for education, training, employment, etc.	1	2	3	9/
6. The amount of vision a person has usually tells us how that visual loss will affect the person's day-to-day functioning.	1	2	3	10/
7. Visual acuity measures how well a person can perceive moving objects.	1	2	3	11/
8. Tunnel vision is the ability to see objects in dark enclosed places.	1	2	3	12/
9. A visually handicapped person's sight remains basically the same from day to day.	1	2	3	13/

	I Agree	I Disagree	I Have No Idea	
10. The term "congenitally blind" is used only for persons whose blindness is present from birth or occurs during the first five years of life.	1	2	3	14/
11. The term "adventitiously blind" refers to the cause of blindness rather than the life-stage when blindness began.	1	2	3	15/
12. A crucial element in an adventitiously blind person's gaining independence is how he/she deals with the task of integrating blindness into the personality he/she developed as a sighted person.	1	2	3	16/
13. One definition of "severely visually impaired" is the "inability to read ordinary newspaper print even with the aid of glasses."	1	2	3	17/
14. There are about 137,000 children (of preschool or school-age) in the United States who are considered "severely visually impaired."	1	2	3	18/
15. Sighted people should be careful not to use words such as "look" and "see" when talking to a blind person.	1	2	3	19/
16. Most sighted people have had little or no contact with a visually handicapped person simply because there are relatively few blind or visually handicapped people compared to the population as a whole.	1	2	3	20/
17. Adventitiously blind persons quickly recognize that most of their prior ideas about blindness were false.	1	2	3	21/
18. The more independent a blind person is, the more difficulty he/she has in asking help from others.	1	2	3	22/

	I Agree	I Disagree	I Have No Idea	
19. When a person loses his/her vision, he/she generally first goes through a period of temporary acceptance which then becomes depression, followed by shock, and gradually gives way to actual acceptance. .	1	2	3	23/
20. Individuals with some usable vision may experience more negative attitudes from sighted persons than from those who are totally blind. . .	1	2	3	24/
21. Many visually handicapped people with some usable vision resent going to an "agency for the blind" or feel guilty about accepting their services.	1	2	3	25/
22. A child born with rubella syndrome is usually multiply-handicapped.	1	2	3	26/
23. It is possible that by giving sufficient oxygen for a premature infant to live, he/she may become blind.	1	2	3	27/
24. Because children are unaware of how other people see, they may not realize their vision is not normal. .	1	2	3	28/
25. "Severe visual impairment" generally affects early childhood development to a greater extent than total blindness.	1	2	3	29/
26. On the average, blind and visually handicapped children of normal intelligence go through developmental stages at the same times as sighted children.	1	2	3	30/
27. Many parents have great difficulty in accepting their child's disability as permanent.	1	2	3	31/
28. Parents are better suited than teachers to provide the visually handicapped child with the many experiences that will enable him/her to become aware of his/her environment. .	1	2	3	32/

	I Agree	I Disagree	I Have No Idea	
29. A blind baby needs more direct stimulation than a sighted baby does.	1	2	3	33/
30. The visually handicapped child should be allowed direct exploration of his/her world if he/she is to learn, but he/she must be watched carefully in order to avoid bumps and falls.	1	2	3	34/
31. Blind people, in general, are endowed with better hearing ability than are sighted people.	1	2	3	35/
32. Most blind children are not prepared to attend nursery school or kindergarten with sighted children, but usually are prepared by first grade.	1	2	3	36/
33. Although the visually handicapped child who is attending a regular public school is participating in most academic areas with his/her sighted schoolmates, most non-academic subjects and extracurricular activities cannot be made safe or meaningful for the handicapped child.	1	2	3	37/
34. Mobility skills are those related to the ability to move from one location to another.	1	2	3	38/
35. In the field of blindness, "orientation" refers to an adventitiously blind person's learning about blindness.	1	2	3	39/
36. The sensory stimuli used by a blind person to determine position or direction is called "cues" or "clues."	1	2	3	40/
37. Sound reflection and echoes are generally not used by blind persons as a way of compensating for their lack of sight.	1	2	3	41/
38. When a blind person employs the technique of trailing, he/she is able to find his/her way around by listening to another moving person or object and following them.	1	2	3	42/

	I Agree	I Disagree	I Have No Idea	
39. There is one basic technique for using a cane that most blind people use.	1	2	3	43/
40. The guide dog is trained to lead the blind person and to figure out how to get where they are going.	1	2	3	44/
41. It is best not to try to assist a person who is using a dog guide as this will distract the dog from his/her job.	1	2	3	45/
42. Blind people are able to skate without a partner by using music coming from a central source in order to orient themselves.	1	2	3	46/
43. A blind person should not participate in potentially dangerous sports, such as swimming or scuba diving, without a sighted friend.	1	2	3	47/
44. A blind person can play chess as easily as a sighted person, provided the board is designed for a visually handicapped person.	1	2	3	48/
45. When teaching a visually handicapped person, let touch and sound compensate for lack of vision.	1	2	3	49/
46. People with the same amount of residual vision can generally be expected to use their vision in similar ways and to a similar extent.	1	2	3	50/
47. When teaching a visually handicapped child, it may take longer for that child to learn, if he/she cannot visualize the process or task as a whole.	1	2	3	51/
48. If a blind person has ever been able to see, you should probably teach him/her in a different way than if he/she has never been able to see.	1	2	3	52/

FOR THE FOLLOWING SET OF QUESTIONS, PLEASE CHECK THE ANSWER (OR ANSWERS, WHERE MORE THAN ONE IS CALLED FOR) THAT SEEMS BEST.

Which of the following applies to "legally blind" persons?

CHECK AS MANY AS APPLY

49) Most are able to see. . . . . ( ) 53/

50) Most are unable to see at all. . . . . . . ( ) 54/

51) They must be certified through a legal procedure. . . . . ( ) 55/

52) When their vision is tested, even with glasses on, they are able to see no better than the top letter in a standard eye chart, measured 20 feet distance, or they can see only a narrow field (no more than 20 degrees). . . . . ( ) 56/

53) They are over the legal age of "majority" in their state. . . . . ( ) 57/

54) They are entitled to benefits as a matter of right under various social programs. . . . . ( ) 58/

55. The term "blindism" refers to:

CHECK ONLY ONE 59/

A set of beliefs blind persons hold about blindness. . . . . ( )

A set of beliefs sighted persons hold about blindness. . . . . ( )

A set of behaviors some blind persons exhibit, such as rubbing the eyes, or rocking back and forth . . . . ( )

For which two of the following diseases is the prevalence rate highest for children?

CHECK ONLY TWO

56) Macular Degeneration . . . . ( ) 60/

57) Retrolental Fibroplasia . . . . ( ) 61/

58) Glaucoma . . . . ( ) 62/

59) Retinitis Pigmentosa . . . . ( ) 63/

60) Rubella . . . . ( ) 64/

61) Detached Retina . . . . ( ) 65/

62) Cataract . . . . ( ) 66/

63. Federal legislation, known as the "Education for All Handicapped Children Act" or Public Law 94-142 (PL94-142) requires that: 67/

CHECK ONLY ONE

All visually handicapped children must be "mainstreamed," that is, must attend a regular public school. ( )

Some visually handicapped children may attend regular public schools, while others may attend residential schools for the blind, depending on which is the most appropriate placement in the least restrictive environment . . . . ( )

Totally blind children must attend residential schools for the blind, but all others must attend regular public schools . . . . ( )

64. Under PL94-142, "non-academic" parts of the curriculum, such as recreation activities, physical education, and industrial arts, are: 68/

CHECK ONLY ONE

Waived for all totally blind children and many others who request it on the basis of visual handicap. . . . . ( )

Waived only for totally blind children. ( )

Provided to all visually handicapped children using any adaptations necessary to permit full participation. . ( )

65. In most cases, when walking as a sighted guide:

CHECK ONLY ONE 69/

The visually handicapped person should walk directly beside you. . . . . ( )

The visually handicapped person should walk about half a pace in front of you. ( )

The visually handicapped person should walk about half a pace behind you . . . ( )

66. In most cases, when walking as a sighted guide:

CHECK ONLY ONE 70/

The visually handicapped person should grip your arm at the wrist. . . . . ( ) 71-79/R

You should grip the visually handicapped person's arm at the wrist. . . . ( ) 80/1

The visually handicapped person should grip your arm above the elbow. . . . . . ( )

You should grip the visually handicapped person's arm above the elbow . . ( )

PLEASE CIRCLE THE ANSWER WHICH COMES CLOSEST TO YOUR OPINION FOR EACH OF THE FOLLOWING QUESTIONS: 1/

2/

3/

	I Agree	I Disagree	I Have No Idea	
67. Structural changes are necessary before a community center can include a visually handicapped child in one of its recreation programs.	1	2	3	4/R 5/
68. When a visually handicapped child is new to the facility, it is helpful to provide the child with auditory reference points (e.g., the sounds of a factory to the north).	1	2	3	6/
69. Staff of a community recreation program should be aware that insurance rates will be raised if a handicapped child is admitted. . .	1	2	3	7/

	I Agree	I Dis-agree	I Have No Idea	
70. It is usually necessary to hire some additional staff when a visually handicapped child is included in a recreation program.	1	2	3	8/
71. Since visually handicapped children have trouble with their vision, lighting is not a concern. . . .	1	2	3	9/
72. At times, it is necessary to allow the visually handicapped child more time than sighted children are given to complete a task.	1	2	3	10/
73. When introducing new skills, one should utilize a kinesthetic approach along with clear, concise descriptions.	1	2	3	11/
74. It is important for the visually handicapped child that recreation workers keep equipment in different places each time so the child doesn't become too reliant on the familiar.	1	2	3	12/
75. During sports activities, a recreation worker should use verbal cues, blow a whistle, or clap hands so that the visually handicapped child knows where the action in a game is.	1	2	3	13/
76. A recreation worker can usually adapt his/her own equipment for a visually handicapped child, even though there is special equipment available.	1	2	3	14/
77. Except for diving, activities which require flight in space are not appropriate for the visually handicapped child.	1	2	3	15/

	I Agree	I Disagree	I Have No Idea	
78. When an activity has complicated rules, it is appropriate to have the rules brailled or taped in advance of the class presentation.	1	2	3	16/
79. Taking a visually handicapped child's age into account, the recreation worker can assume the child has the prerequisite motor skills and concepts for a particular activity.	1	2	3	17/
80. Visually handicapped children do not need special feedback concerning their personal achievement and comparative achievement with others.	1	2	3	18/
				19-79/R
				80/2

Appendix III

STATE ADVISORY COMMITTEE MEMBERS

Indiana

Nancy Armuth	Columbus Parks & Recreation Dept.
Dave Austin	Indiana University
Theodore Deppe	Indiana University
James Haralson	Indiana School for the Blind
Mark Laker	Indiana State Board of Health
Bashir A. Masoodi	Lew Wallace School Programs for the Blind
Judy Nichols	Crawfordsville Park & Recreation Dept.
James A. Peterson	Indiana University
Steven Smidley	Greenfield Parks & Recreation Dept.
Edward L. Wegner, Jr.	Valparaiso Park District
James Whelchel	Indiana Dept. of Public Instruction

Colorado

Mary Jane Anderson	Colorado School for the Deaf & The Blind
Sharlene Bickford	Jefferson County 4-H Program
Margaret Good	Denver Public Schools
Dianne Hurley	University of Northern Colorado
Joy Janke	Denver Cherry Creek School
Dave Kappan	University of Northern Colorado
Susan Kraner	Colorado Division of Parks
Linda Karpel	Aurora Parks & Recreation Dept.
Bill LaPointe	City of Boulder Parks & Recreation Dept.
Mary Ann Loeffler	Metropolitan State College
Peter R. Maine	BOLD, Inc.
Anita Marinelli	Boulder Valley Schools
Dan McCarthy	Boulder Valley Schools
Lucia Menges	Colorado Lions Foundation
Carole Miesel	Denver Services for the Blind & Deaf
Kathryn Milne	Jefferson County 4-H Program
Grace Napier	University of Northern Colorado
Hal O'Leary	Winter Park Handicapped Sports Program
Ray Printz	JEFFCO Open Space Program
Judy Ray	Jefferson County Schools
W. Buck Schrotberger	Colorado Department of Education
Dr. Ed Sobey	Boulder, Colorado
Gerald W. Stewart	Colorado School for the Deaf & Blind

Oregon

Marci M. Atkins	Good Samaritan Hospital, Portland
Steve Brannon	Portland State University
Brian Charlson	Oregon Commission for the Blind
Kim Young Charlson	Council of the Blind

Oregon (cont'd)

Phyllis Coyne	Project Recreate, Crippled Children's Division UOHSC
Roger Delles	Willamalane Parks & Recreation District
Carol Derouin	Oregon School for the Blind
Ted Dethlefs	State Mental Health Division
John Dunn	Oregon State University
Pam Earle	Eugene Parks & Recreation Dept.
Donald H. Edwards	Oregon State School for the Blind
Vince Genna	Bend Metro Park & Recreation District
Rich Gunderson	Portland Bureau of Parks
Dusty Johnson	Salem Public Schools
Larry Horena	Northwest Communty Educational Development Center
Alawyn Hughes	Columbia Pacific Council Boy Scouts
Jan Klein	Portland Downtown YWCA
Paula Kurth	Portland Downtown YWCA
Paul Koch	Salem Regional Parks & Recreation Dept.
Don Lindly	Northwest Coalition for Community Education Development
Ken Long	Willamalane Park & Recreation District
Mary Maguire	Oregon Commission for the Blind
Sheldon Maron	Portland State University
Carl McCally	Molalla, Oregon
Dorothy McNair	Eugene, Oregon
Joe Myers	Oregon State University
Raymond Myers	Department of Education for the Visually Handicapped
Larry L. Neal	University of Oregon
Bill Owens	Portland Bureau of Parks
Doug Post	Eugene Parks & Recreation Dept.
Grace Raymore	Columbia River Council Girl Scouts
Lisa Reinheimer	Tualatin Hills Park & Recreation District
Harold Smith	(formerly) University of Oregon
Mike Starr	Medford Parks & Recreation Dept.
Ron Willoughby	Tualatin Hills Park & Recreation District
Chuck Young	Oregon Commission for the Blind
Vici Vogt	Oregon Orientation Center for the Blind

Georgia

Shirley Adcock	Atlanta Regional Commission
Debbie Blumenthal	Atlanta Jewish Center
Carol Boyer	DeKalb County Board of Education
Ruth Carpenter	DeKalb County Board of Education
Charles Clegg	Institute for Community and Area Development
Stephanie Dirst	Georgia Center for the Multi-Handicapped

Georgia (cont'd)

Mike Elliott	Office of State Schools & Special Services
Mary Fortune	Georgia Southern Collete
Jean Fountain	Georgia Recreation & Park Society
Carol Greene	Atlanta Area Service for the Blind
Isabella C. Holmes	State Department of Education
Richard E. Hyer, Jr.	Georgia Academy for the Blind
Dee Dee Jacobs	DeKalb County Department of Parks and Cultural Affairs
Carolyn Kokenge	Atlanta Area Service for the Blind
W. Tom Martin, Jr.	National Recreation & Park Association
Carolyn Miller	Georgia Easter Seal Society
Helen Mills	University of Georgia
Gerald O'Morrow	(formerly) University of Georgia
Donna Roundtree	Savannah Bureau of Leisure Services
Doris Sausser	Atlanta Area Service for the Blind
Bob Saylor	Georgia Department of Natural Resources
Karla Stein	Georgia State University
Pearce Thompson	Office of Rehabilitation Services

Minnesota

Melvin M. Brasel	Minnesota Braille & Sight Saving School
Nancy Engel	School District #287
Harvey Feldman	Minneapolis Parks & Recreation Dept.
Stephen A. Fischer	St. Paul Society for the Blind
John Gillan	Minnesota Braille & Sight Saving School
George Hanson	Minnesota Department of Education
Sue Hendrickson	Trevilla of Robbinsdale
Justin Herzog	St. Paul Society for the Blind
Paula Keys	EMSEC Visually Impaired Program
Glenda Martin	School District #287
Tom Murray	Metropolitan Medical Center
James O'Keefe	Minnesota State Services for the Blind
Rita Plourde	Department of Natural Resources
C. Stanley Potter	Services f/t Blind & Visually Handicapped
Richard L. Ramberg	Minnesota State Council f/t Blind
John Ross	Braille Sports Foundation
Jesse H. Rosten	Minneapolis Society for the Blind
Rhoda Robinson	Duluth Jefferson Schools
Bernice Schmidt	Special Education Service Center
John Schultz	University of Minnesota
Marilyn Sorenson	Minnesota Department of Education
Caroline Weiss	University of Minnesota

Virginia

Ron Adams	University of Virginia
Frank Brasile	Longwood College
William T. Coppage	Virginia Department for the Visually Handicapped

Virginia (cont'd)

Leonides Curtis	V.A. Hospital Medical Center
Gail Davis	Danville Parks & Recreation Dept.
Carson Diggs	Virginia Association of Workers for the Blind
James Fowlkes	Virginia School at Hampton
Ed Hamilton	Easter Seal Society
Gene Hayes	Virginia Technical University
Curtis Herald	Virginia School at Hampton
Donna D. Hill	Virginia Commission of Outdoor Recreation
Elizabeth Lewis	Virginia School for the Deaf & Blind
Jeffrey McCubbin	University of Virginia
Glenn Miesch	Commission of Outdoor Recreation
George Patrick	Portsmouth Psychiatric Center
Gail Pearsall	Virginia Rehabilitation Center for the Blind
Michael Scione	Virginia Department for the Visually Handicapped
Greg Shasby	University of Virginia
Lee Stewart	Radford University
Ken Vittum	Virginia Department for the Visually Handicapped
Don Walker	University of Virginia
Roy Ward	Virginia Department for the Visually Handicapped
Nancy White	Virginia Department of Parks & Recreation

Massachusetts

Jerry Abegg	Boy Scouts of America
Micahel Cataruzolo	Perkins School for the Blind
Primrose Craven	Plymouth Bay Girl Scout Council
Clotilde Davidson	Massachusetts Commission for the Blind
Jean M. Ellis	Massachusetts Commission for the Blind
Gerald Fain	Boston University
Gary Hofstetter	Newton Recreation Department
Judy Hoyt	Association for Support of Human Services
Evelyn Kirrane	Brookline Recreation Department
Jack Littman-Quinn	Division of Special Education for the Visually Handicapped
Jan Neri	Braintree Hospital
Sharon Nichols	Wrentham State School
Matthew Pantera	Weston Recreation Department
Rachel Rosenblum	Carroll Center for the Blind
John Shank	Northeastern University
John Stager	Visually Handicapped Children's Division of Special Education
Fran Weisse	Vision Foundation
Charles C. Woodcock	Perkins School for the Blind

RECREATION WORKSHOP TOPICS

1. Attitudes
2. Orientation and Mobility
3. Activity adaptation and special equipment
4. Functional implications of common eye diseases and disorders
5. Hands-on demonstration and participation in recreation activities
6. Integration
7. Advocacy - increasing agency and community awareness of and concern for the blind and visually handicapped child
8. Defining blindness and low vision - terminology, population, statistics
9. Resource utilization - literature, individuals, consumer groups, agencies, local and national resources.
10. Program planning
11. Community organization
12. Legislation relating to the handicapped
13. Techniques in teaching blind and visually handicapped children
14. Services available to blind and visually handicapped children and youth
15. Simulation of visual losses.

Appendix VI

INSERVICE TRAINING WORKSHOP PARTICIPANTS

Indiana

Nancy R. Armuth	Columbus Department of Parks & Recreation
Charles Bradley	Extension Agent, Greensburg
Carolyn Etherington	Evansville Department of Parks and Recreation
Dorothy Fitzgerald	Ft. Wayne Parks & Recreation Dept.
Harry Horstman	Indiana State University
Randy Krieble	Muscatatuck State Hospital & Training Center
Margie Labelle	Crossroads Rehabilitation Center
Mary Jane Marty	Silvercrest Children's Development Center
Ron Mendall	Purdue University
Martha Nall	Marshall School, South Bend
Lou Powell	Indiana University
Thomas Schalliol	School Centers & Aquatics, South Bend
Margo Streidl	Greenfield, Indiana

Colorado

Sandee Bennett	City of Boulder Parks & Recreation Dept.
Laura Canfield	Horizons for the Handicapped
Susie Danford	Ft. Collins Parks & Recreation Dept.
Mary Gilmer	Montrose, Colorado
Mary Jane Heath	Colorado School for the Deaf & Blind
Maxine Hoffman	North Jeffco Parks & Recreation Dept.
Dianne Hurley	University of Northern Colorado
Sue Peper John	Porter Memorial Hospital, Denver
Joan Lawson	City of Boulder Parks & Recreation Dept.
Carol Leasure	Colorado Division of Parks & Recreation
Mary Ann Loeffler	Metropolitan State College
Kathryn Milne	Jefferson County Cooperative Extension
Deborah Neill	Englewood, Colorado
Nancy Rowe	Denver Board for the Developmentally Disabled
Gene Van Blaricom	Denver Board for the Developmentally Disabled

Oregon

Marci Atkins	Good Samaritan Hospital, Denver
Kay Hilt	Pacific University
Jewelee Houston	Willamalane Park & Recreation District
Jane Hubbard	Portland Public Schools Regional Program
Shirley Knudeson	Columbia River Council Girl Scouts
Diane Manchester	Eugene Parks Specialized Program

Oregon (cont'd)

Ed Monk	Portland State University
Lisa Reinheimer	Tualatin Hills Parks & Recreation District
Rick Scott	Willamalane Parks & Recreation District
Alberta Thyfault	Pendleton 16 R School District
Yvaughn Tompkins	Eugene Parks & Recreation Department
Lindi West	Portland YWCA

Georgia

Pat Bering	Georgia Mental Health Institute
Diane Davies	Rock Eagle 4-H Center
Martha Irene Edgar	South Carolina Parks, Recreation and Tourism
Mary Fortune	Georgia Southern College
Thomas Graf	Atlanta, Ga.
Dorothy Harrison	Glynn County Department of Leisure Services
Dee Dee Jacobs	DeKalb County Recreation, Parks and Cultural Affairs Department
Martha L. Johnston	Athens Recreation & Parks Department
Betty Dempsey Peak	Douglas Parks & Recreation Department
Susan Ruzicka	Columbus College
Mary Weaver Scudder	West Georgia College
Cynthia Staffa	City of Atlanta Department of Parks and Recreation

Minnesota

Marjory Beck	Bemidji State University
Mary Ellen Fabunmi	Minneapolis Parks & Recreation Board
Sue Feeney	Northrop School, Thief River
Marjorie Frederickson	Minneapolis, Minn.
Paula Keys	EMSEC Visually Impaired Program
Kathy Kuntz	Minneapolis YMCA
Russ Horsch	Minnetonka YMCA
Lola McCloskey	Faribault Parks & Recreation Dept.
Ruth Nearing	St. Cloud University
Barbara Seim	St. Paul Society for the Blind
Kathleen Wheeler	YWCA
Jon Ubbelohde	Southwest West Central Educational Cooperative Service Unit

Virginia

Amie M. Bridge	Woodrow Wilson Rehabilitation Center
Patricia J. Brown	Virginia Commonwealth University
Suzan E. Craik	Virginia Cooperative Extension Service Chesterfield County
Gail M. Davis	City of Danville Parks & Recreation Department
Deidre L. Foerster	Chesterfield County Parks & Recreation Department

Virginia (cont'd)

Chuck Hamm	State Department of Recreation
Edward Hamilton	Easter Seal Society
Dee Dee Hill	Virginia Commission of Outdoor Recreation
Jeffrey McCubbin	University of Virginia
Sandra McPherson	City of Hampton Parks & Recreation Department
Romaine Morgan	Richmond Parks & Recreation Department
Kim Santmyer	Montgomery County Parks & Recreation Department
Mildred Spicer	Charlottesville Parks & Recreation Dept.
Beth Zeidman	Arlington Recreation Programs

Massachusetts

Irene Brown	Worcester County Extension Service
Virginia Burke	Plymouth Bay Girl Scout Council
Patricia Burress	Pittsfield School Department
Carolyn Canham	Dedham, Mass.
Russell Halloran	City of Newton Recreation Department
Betty Papirio	Pittsfield Girls Club
Tony Restivo	Springfield Park Department
Mary Jeanne Tash	Springfield, Mass.
Patricia White	Plymouth Bay Girl Scout Council
Frank Robinson	Northeastern University
Michael Rourke	Natick Recreation & Parks Department
Dwight Woodworth	Worcester Parks & Recreation Department

Appendix VII

AMERICAN FOUNDATION FOR THE BLIND

BEH SPECIAL PROJECT
LEISURE AND RECREATION INDEPENDENCE FOR BLIND AND VISUALLY HANDICAPPED CHILDREN AND YOUTH

TRAINER/CONSULTANT QUESTIONNAIRE

NAME ______________________________

Please answer all questions, using additional sheets if needed.

1) Please describe what your expectations are of this training.

2) Why do you feel the training will be helpful to you?

3) How do you expect to utilize the material you will learn after the Training Workshop?

TRAINING WORKSHOP TOPICS

TRAINER/CONSULTANT QUESTIONNAIRE

NAME____

Directions: Please indicate the adequacy of your current knowledge on each topic by circling the appropriate number.

Topic	Adequacy of Current Competency			
	Quite adequate	Some knowledge but not adequate	Not sure of adequacy	Inadequate
1. Functional Implications of common eye diseases and disorders	1	2	3	4
2. Orientation and Mobility	1	2	3	4
3. Techniques for teaching blind and visually handicapped children recreation activities	1	2	3	4
4. Activity adaptation for visually handicapped persons	1	2	3	4
5. Problems in integration	1	2	3	4
6. Attitudes toward blindness and blind people	1	2	3	4
7. Identification of local and national resources in the area of blindness.	1	2	3	4

Please indicate if there are any other areas besides the ones listed above in which you would be interested in learning.

BEH RECREATION PROJECT
QUESTIONNAIRE

INDIANA

Name ______________________________

Please fill out this questionnaire before you review the enclosed modules and book which must be read in preparation for the upcoming training. I am sorry for the shortness of time but as Indiana is the "pilot state" we need to gather as much data as possible to help evaluate the effectiveness of the training. All information is kept strictly confidential and will not be shared with others. I would therefore appreciate it if you would fill this out immediately and return it to me as soon as possible. We realize that many of these topic areas will be new to you.

Directions: Please rate the adequacy of your current knowledge on each topic by circling the appropriate number. Feel free to add any comments on specific questions and on the questionnaire as a whole at the end.

Topic	Adequacy of Current Competency			
	Quite adequate	Some knowledge but not adequate	Not sure of adequacy	Inadequate
1. How the normal eye functions	1	2	3	4
2. The structure of a normal eye	1	2	3	4
3. The concept of "legal blindness"	1	2	3	4
4. The effect of shape disorders on vision	1	2	3	4
5. The effect of movement disorders on vision	1	2	3	4
6. The effect of eye diseases on vision	1	2	3	4
7. The effect of age of onset of visual loss to concept development	1	2	3	4
8. The most common societal attitudes towards blind persons	1	2	3	4
9. Attitudes of blind persons toward other blind persons	1	2	3	4

Topic	Quite adequate	Some knowledge but not adequate	Not sure of adequacy	Inadequate
10. Attitudes of blind persons toward sighted persons	1	2	3	4
11. Attitudes of blind persons toward integration in recreation programs	1	2	3	4
12. Attitudes of sighted persons toward integration of blind persons into recreation programs	1	2	3	4
13. Methods of altering negative attitudes of blind and sighted persons	1	2	3	4
14. The concept of "orientation" for visually handicapped persons	1	2	3	4
15. The concept of "mobility" for visually handicapped persons	1	2	3	4
16. Guiding techniques available to visually handicapped persons for mobility	1	2	3	4
17. The purpose of activity analysis	1	2	3	4
18. The components of activity analysis	1	2	3	4
19. The principles of activity modification	1	2	3	4
20. Activity modification for visually handicapped persons	1	2	3	4
21. Traditional program planning models (i.e. customary, contemporary, expressed desire, authoritarian)	1	2	3	4
22. Systems models for program development (i.e. LMIT, Peterson's model)	1	2	3	4

Topic	Quite adequate	Some knowledge but not adequate	Not sure of adequacy	Inadequate
23. Individual assessment factors in program planning for blind persons	1	2	3	4
24. Environmental influences in recreation program planning for blind and visually handicapped persons	1	2	3	4
25. The process for developing individual objectives (assessment, goal statements, behavioral objectives)	1	2	3	4
26. The process for developing group objectives (individual assessment, group goals, behavioral objectives)	1	2	3	4
27. Program measurement approaches (i.e. formative, summative)	1	2	3	4
28. Techniques for program evaluation (i.e. discrepany, subjective, objective)	1	2	3	4
29. How to identify community recreation resources	1	2	3	4
30. Formulation of an action plan to facilitate integration into community resources (i.e. rationale, objectives, procedures, evaluation)	1	2	3	4
31. The content of PL92-142 (Education of All Handicapped Children Act of 1973)	1	2	3	4
32. The content of Section 504 of the 1973 Rehabilitation Act	1	2	3	4
33. The content of Section 316 of the 1978 Rehabilitation Act	1	2	3	4

Topic	Quite adequate	Some knowledge but not adequate	Not sure of adequacy	Inadequate
34. The concept of "normalization"	1	2	3	4
35. The concept of "mainstreaming"	1	2	3	4
36. The concept of "least restricted environment"	1	2	3	4
37. The concept of "transitional programming"	1	2	3	4
38. The concept of "continuum of services"	1	2	3	4

Appendix VIII
AMERICAN FOUNDATION FOR THE BLIND

IN-SERVICE TRAINING WORKSHOP
ON RECREATION FOR BLIND AND
VISUALLY HANDICAPPED CHILDREN AND YOUTH

WORKSHOP EVALUATION FORM

____
date

Your answers to the following questions will help us to improve future workshops. The forms are anonymous, so feel free to be frank, and critical where necessary.

Some of the questions are to be answered simply by circling the number for the response that comes closest to your opinion.

For example:

Was John Doe's presentation clear?

Very clear 1 -- 2 -- [✓ 3] -- 4 Not at all clear.

Please answer all questions. The explanations, comments or suggestions that you write will be especially helpful.

Thanks in advance for giving your time and thought to this evaluation.

1a. Please briefly describe your own goals in attending this workshop.

____

____

____

1b. How well were your personal goals met?

Very well 1 -- 2 -- 3 -- 4 Very poorly

2. Now please consider the stated goals of the Training Workshop. Were these goals clearly stated at the outset?

Very clear 1 -- 2 -- 3 -- 4 Not at all clear

Comment: ____

____

3. How well were the stated objectives actually met?

Very well 1 -- 2 -- 3 -- 4 Very poorly

Comments: ____

____

4. Was there anything in the written materials you received before the workshop that should have been developed further in the presentations? Please specify.

____

____

5. Besides the written materials, were there any topics that should have been covered more fully in the workshop. Please specify.

____

____

____

6. Please circle the number that comes closest to your overall rating of the workshop.

Excellent 1 -- 2 -- 3 -- 4 Very poor

7. Do you feel confident, as a result of this workshop, to give training/consultation to colleagues in providing recreation services for blind and visually handicapped individuals. IF YES, in what areas? IF NO, in what areas?

____

____

____

8. Next, consider each of the separate sessions, as identified on the next page. Please answer 8A, B and C for each session.

Session Letter and Title	8A. Was the content useful in fulfilling your needs?	8B. Was the method of presentation effective?	8C. Please explain your ratings.
	Very useful — Not at all useful	Very effective — Not at all effective	
Sept. 17 -Morning A. Functional implication of visual loss	1 -- 2 -- 3 -- 4	1 -- 2 -- 3 -- 4	
Sept. 17 Afternoon B. Orientation and mobility	1 -- 2 -- 3 -- 4	1 -- 2 -- 3 -- 4	
Sept. 17 Afternoon C. Activity techniques and adaptation	1 -- 2 -- 3 -- 4 --	1 -- 2 -- 3 -- 4	
Sept. 17 Evening D. Panel - Issues in Integration	1 -- 2 -- 2 -- 4	1 -- 2 -- 3 -- 4	
Sept. 18 Morning E. Activities with children	1 -- 2 -- 3 -- 4	1 -- 2 -- 3 -- 4	

9. Do you have any other comments or suggestions for improving workshops in other states?

THANK YOU FOR YOUR COOPERATION

Appendix IX

Wednesday, April 25 Chairman: Mark Laker
Indiana State
Board of Health

8:30 - 9:00 Introductions and Overview of Training

Simone Rollin
American Foundation for the Blind

9:00 - 10:00 Blindness and Visual Handicaps

Leader: Lou Moneymaker
Indiana School for the Blind

Film: "Not Without Sight"

10:00 - 12:00 Attitudes Toward Blindness

Panel: Jessamine Cobb
American Foundation for the Blind

William (Dee) Brewer
Student, Indiana University

Terry and Bill Herzler
Parents

12:00 - 1:30 Lunch

1:30 - 5:00 Orientation and Mobility

Leader: Anna Bradfield
Indiana University

Film: "What Do You Do When You Meet
A Blind Person"

Thursday, April 26 Chairman: Dr. Stephen Anderson
Indiana University

8:30 - 12:00 Activity Analysis, Modification and Programming

Leaders: Dr. David Austin
Indiana University

Ron Gasko
Indiana School for the Blind

Dr. Stephen Anderson
Indiana University

Film: "No Two Alike"

Slide Presentation: "One of the Gang"

12:00 - 1:30 Lunch

1:30 - 3:45 Orientation to Curriculum Materials and Practicuum Planning

Leader: Jerry Kelley
University of Maryland

3:45 - 4:00 Closing

Stephen Anderson

Mark Laker

Wednesday, March 24 Chairperson:
Mary Carpenter
State Coordinator

10:00 - 11:00 Introductions and Overview
of Project and Training

Marlon V. Wurster
Project Director, AFB
Simone Rollin Lazarus
Project Coordinator, AFB
Mary Carpenter

11:00 - 12:00 Film: "Not Without Sight"

Functional Implications
of Visual Loss

Leaders: Tom Coursey
Lynn Stanton
Denver Public Schools

12:00 - 1:00 Lunch

1:00 - 3:15 Orientation & Mobility

Leaders: Tom Coursey
Lynn Stanton

3:15 - 3:30 Break

3:30 - 5:00 Leadership Techniques and
Activity Adaptation

Leaders: Margaret Good
Denver Public Schools
~~Dianne Hurley~~
~~University of N. Colorado~~
~~Lucia Menges~~
~~Colorado Lions Foundation~~
Tom Coursey

6:00 - 7:00 Dinner

Wed. March 24 (Cont'd)

7:15 - 8:45 Film: "What Do You Do When You
See a Blind Person"

Integration

Leaders: Simone Rollin Lazarus
Mary Carpenter

Thursday March 25

9:00 - 12:00 Slides: "One of the Gang"

Activity Participation and
Program Implementation

Leaders: Tom Coursey
Margaret Good
~~Dianne Hurley~~
Mary Carpenter

12:00 - 1:00 Lunch

1:00 - 3:00 Practicum Planning, Review of
Curriculum Materials, and
Evaluation

Leader: Simone Rollin Lazarus

Thursday, April 17	Chairperson: Mary Douglass, State Coordinator
10:00 - 11:00	Introduction and Overview of Project and Training Marion V. Wurster, Project Director, AFB Simone Rollin Lazarus, Project Coordinator, AFB Mary Douglass
11:00 - 12:00	Film: "Not Without Sight" Functional Implications of Visual Loss Leader : Bill Harriff, Jackson County E.S.D.
12:00 - 1:00	Lunch
1:00 - 3:15	Film: "What Do You Do When You See A Blind Person" Orientation & Mobility Leaders: Debby Oppel, Oregon State School for the Blind Bill Harriff
3:15 - 3:30	Break
3:30 - 5:00	Slides: "One of the Gang" Leadership Techniques and Activity Adaptation [illegible] Leaders: James Tiefenthaler, [illegible] Washington State School for the Blind Debby Oppel

Thursday, April 17 (cont'd)	
5:30 - 6:00	Dinner
6:45 - 8:00	Panel - Issues and Concerns in Community Recreation

Friday, April 18	
9:00 - 12:00	Film: "No Two Alike" Activity Participation and Program Implementation B. Harriff Leaders: ~~James Tiefenthaler~~
12:00 - 1:00	Lunch
1:00 - 3:00	Practicum Planning, Review of Curriculum Materials, and Evaluation Leader: Simone Rollin Lazarus

Chairperson: Robin Jackson
State Coordinator

WEDNESDAY, MAY 7, 1980

1:00-2:30 p.m.	Introduction and Overview of Project & Training Marion V. Wurster, Project Director, AFB Simone Rollin Lazarus, Project Coordinator, AFB Robin Jackson, Ga. Dept. of Natural Resources
2:30-3:45 p.m.	FILM: NOT WITHOUT SIGHT Discussion of Functional Implications of Visual Loss Belen Brambila, Georgia Academy for the Blind
3:45-4:00 p.m.	Break
4:00-5:00 p.m.	FILM: WHAT DO YOU DO WHEN YOU SEE A BLIND PERSON
5:00-	Introduction to Orientation and Mobility Belen Brambila
5:30-7:00 p.m.	Social
7:00 p.m.	Dinner

THURSDAY, MAY 8

9:00-11:00 a.m.	Orientation & Mobility (cont'd) Belen Brambila
11:00-12:00 noon	Activity Participation using Simulators & Occludors
12:00-1:30 p.m.	Lunch
1:30-3:00	SLIDES: ONE OF THE GANG Discussion of Activity Techniques & Adaptions Lawrence Carson, Savannah Assoc. for the Blind Beth Headley, Savannah Assoc. for the Blind Carol Greene, Atlanta Area Services for the Blind
3:00-5:00 p.m.	Activities with Blind and Visually Impaired Children
5:00-6:00 p.m.	Workshop Review and Discussion

FRIDAY, MAY 9

9:00-12:00 noon	FILM: NO TWO ALIKE Practicum Planning, Review of Curriculum Materials, Evaluation

Appreciation is expressed to:

Atlanta Area Services for the Blind
Georgia Academy for the Blind
Georgia Dept. of Natural Resources
Savannah Association for the Blind

Chairperson: Lillian Hipp
State Coordinator

MONDAY, MAY 19, 1980

9:00-10:15 a.m.	Introductions and Overview of Project & Training Marion V. Wurster Project Director, AFB Simone Rollin Lazarus Project Coordinator, AFB Lillian Hipp Richfield Community Center
10:15-10:30	Break
10:30-12:00	FILM: NOT WITHOUT SIGHT Discussion - Integration Connie David Minneapolis Epilepsy League
12:00-1:30	Lunch
1:30-2:30	Discussion of Functional Implications of Visual Loss Dan Nelson School District 287
2:30-3:45	FILM: WHAT DO YOU DO WHEN YOU SEE A BLIND PERSON Introduction to Orientation and Mobility Clarence Falk St. Paul Public Schools

Monday, May 19 (cont'd)

3:45-4:00	Break
4:00-5:00	Orientation & Mobility (cont'd)
5:00-5:30	Review and Discussion

TUESDAY, MAY 20, 1980

8:30-9:45 a.m.	SLIDES: ONE OF THE GANG Discussion of Activity Techniques and Adaptations Lavonne Sopa Minnesota Braille & Sight Saving School
9:45-10:15	Activity Planning
10:15-10:30	Break
10:30-12:30	Activities with Children Nancy Engel School District 287
12:30-1:30	Lunch
1:30-4:00	FILM: NO TWO ALIKE Practicum Planning, Review of Training Materials, Evaluation

Chairperson: Ronald Reynolds
State Coordinator

WEDNESDAY, SEPTEMBER 17, 1980

9:00-10:15 a.m.	Introduction and Overview of Project & Training Marion V. Wurster Project Director, AFB Simone Rollin Lazarus Project Coordinator, AFB Ron Reynolds, Virginia Commonwealth University
10:15-10:30	Break
10:30-12:00	FILM: NOT WITHOUT SIGHT Discussion of Functional Implications of Visual Loss Marge Owens Virginia Rehabilitation Center for the Blind
12:00-1:30	Lunch Break
1:30-3:30	FILM: WHAT DO YOU DO WHEN YOU SEE A BLIND PERSON Introduction to Orientation and Mobility Marge Owens Sam Arrington, Virginia Department for the Visually Handicapped
3:30-3:45	Break
3:45-5:15	Activity Techniques & Adaptation Gail Pearsall, Virginia Rehabilitation Center for the Blind
5:15-7:00	Dinner Break
7:00-7:30	FILM: NO TWO ALIKE
7:30-8:30	Panel Discussion "Issues in Integration" Mrs. Andrew Wood Mrs. Marcia Skinner Miss Esther Pinelli
8:30	Social

THURSDAY, SEPTEMBER 18

9:00-9:15	SLIDES: ONE OF THE GANG
9:15-9:45	Activity Planning
9:45-10:00	Break
10:00-12:00	Activities With Children Greg Shasby University of Virginia
12:00-12:30	Discussion of Morning Activities
12:30-1:30	Lunch Break
1:30-4:00	Practicum Planning and Evaluation Simone Rollin Lazarus

Chairperson: Roxanne Howe-Murphy
State Coordinator

TUESDAY, OCTOBER 7, 1980

9:00-10:15 a.m.	Introduction and Overview of Project & Training Marion V. Wurster Project Director, AFB Simone Rollin Lazarus Project Coordinator, AFB Roxanne Howe-Murphy Boston University
10:15-10:30	Break
10:30-12:00	FILM: NOT WITHOUT SIGHT Discussion of Functional Implications of Visual Loss William Padula American Foundation for the Blind
12:00-1:15	Lunch Break
1:15-3:15	FILM: WHAT DO YOU DO WHEN YOU SEE A BLIND PERSON Introduction to Orientation and Mobility Michael Herron Boston College
3:15-3:30	Break
3:30-4:30	Teaching Techniques & Approaches George Mattson Mattson Academy of Karate
4:30-5:15	Activity Adaptations Simone Rollin Lazarus
5:15- 7:00	Dinner Break
7:00	Panel Discussion "Issues in Integration" J. Roger Cicchese Judy Hoyt Kathleen Maling
	Social Hour

WEDNESDAY, OCTOBER 8, 1980

9:00-10:00	Continuum of Services Roxanne Howe-Murphy
10:00-11:45	Activities With Children Michael Cataruzolo Peggy Balmasedo Perkins School for the Blind
11:45-12:00	Discussion of Morning Activities
12:00-1:15	Lunch Break
1:15-3:15	Practicum Planning and Evaluation Simone Rollin Lazarus

AMERICAN FOUNDATION FOR THE BLIND

BEH SPECIAL PROJECT:

LEISURE AND RECREATION INDEPENDENCE
FOR BLIND AND VISUALLY HANDICAPPED
CHILDREN AND YOUTH

TRAINER/CONSULTANT THREE MONTH PROGRESS REPORT

Name ______________________________

Date of Training ______________________________

Place of Training ______________________________

Please answer questions where applicable. Use back of form or additional sheets if necessary.

I. Please list Practicum goals and describe how you are meeting these goals. Please also include anticipated time table for their implementation.

II. Please list and estimate any expenses you think you will incur in fulfillment of the Practicum.

T/C Progress Report (cont'd)

III. Describe any problems you may be having in meeting these goals.

IV. Note any developments as a result of the training.

V. Any other comments.

AMERICAN FOUNDATION FOR THE BLIND

IN-SERVICE TRAINING WORKSHOP
ON RECREATION FOR BLIND AND
VISUALLY HANDICAPPED CHILDREN AND YOUTH

FINAL REPORTING FORM

Name ______________________________

Date ______________________________

State ______________________________

Your answers to the following questions will help us to evaluate this project and your training experience. Please feel free to be frank, and critical where necessary.

Some of the questions are to be answered simply by circling the number for the response that comes closest to your opinion. For example:

How well did the workshop meet your goals?

(Very well 1 -- [✓ 2] -- 3 -- 4 Very poorly)

Please answer all questions. The explanations, comments or suggestions that you write will be especially helpful. Use additional paper where necessary.

Thanks in advance for giving your time and thought to this evaluation.

I. Practicum Evaluation

1) Please describe what you have done to meet the three main Practicum Goals. If you have not met these goals, please describe the obstacles that prevented you from meeting them. Please be as specific as possible. Use additional paper where more space is needed.

Goal I - Organize a Training Workshop

Goal II - Prepare and deliver a formal presentation to a group likely to have impact on recreation services. Please specify the topic of presentation and the group you addressed.

Goal III - Become involved with a blind or visually handicapped child or youth in a recreation setting.

If Goal III has been met, please answer the following questions:

a) Describe the child or youth. Include age, sex, other handicaps, amount of vision, cause of visual impairment, etc.

b) Assess the child's recreational behavior.

c) Report on the child's involvement in community activities. If the child was not involved, record the reason for non-involvement.

d) Record the kinds of activities the child enjoyed and assess the skill level.

e) Note any adaptbations used by the leader or the child.

f) If you participated with or led the child in a recreational activity, please describe the interaction.

g) Assess your attitudes before working with the child and whether there were any differences after the entire experience.

h) Report on any other noteworthy results or experiences.

2) How much did the Written Materials aid you in fulfilling the following Practicum Goals?

a) Organizing a Training Workshop

Very much aid 1 -- 2 -- 3 -- 4 Very little aid

b) Working With a Visually Impaired Child

Very much aid 1 -- 2 -- 3 -- 4 Very little aid

c) Delivering a Formal Presentation

Very much aid 1 -- 2 -- 3 -- 4 Very little aid

3) How much did the Training Workshop aid you in fulfilling the following Practicum Goals?

a) Organizing a Training Workshop

Very much aid 1 -- 2 -- 3 -- 4 Very little aid

b) Working with a Visually Impaired Child

Very much aid 1 -- 2 -- 3 -- 4 Very little aid

c) Delivering a Formal Presentation

Very much aid 1 -- 2 -- 3 -- 4 Very little aid

4) Do you feel your Practicum experience added to your knowledge of recreation for blind and visually handicapped children and youth? Please explain.

5) How well do you feel the Practicum met your needs in working with blind and visually impaired children and youth?

Very well 1 -- 2 -- 3 -- 4 Very poorly

6) Do you have any suggestions for adding to or changing the Practicum? Please explain.

II Evaluation of Current Knowledge and Competency

Directions: Please indicate the adequacy of your current knowledge on each topic by circling the appropriate number.

Topic	Adequacy of Current Competency			
	Quite adequate	Some knowledge but not adequate	Not sure of adequacy	Inadequate
1. Functional Implications of common eye diseases and disorders	1	2	3	4
2. Orientation & Mobility	1	2	3	4
3. Techniques for teaching blind and visually handicapped children recreation activities	1	2	3	4
4. Activity adaptation for visually handicapped persons	1	2	3	4
5. Problems in integration	1	2	3	4
6. Attitudes towards blindness and blind people	1	2	3	4
7. Identification of local and national resources in the area of blindness.	1	2	3	4

III Workshop and Curriculum Materials Evaluation

Thinking back over the in-service training workshop you attended and the written materials you received, would you please answer the following questions:

1) Was there anything in the Written Materials you received before the workshop that should have been developed further in the presentation? Please specify.

2) Besides the written materials, were there any topics that should have been covered more fully in the Training Workshop? Please specify.

IV Final Thoughts!

1) Do you feel confident to give training/consultation to colleagues in providing recreation services for visually impaired individuals? If YES, in what areas? If NO, in what areas?

2) Are there any other ways that the training experience (workshop and practicum) was helpful to you?

3) Have any unexpected activities or involvements occurred as a consequence of the entire training experience? Please be specific.

4) Have there been any changes in the types or quality of recreation services for visually impaired youngsters as a result of your training? Please describe them below.

5) Please add any other comments you wish.

THANK YOU

Appendix XI

EXAMPLES OF RESPONSES TO OPEN-ENDED QUESTIONS

The following are examples of answers to open-ended questions selected from the various forms. On the Trainer/Consultant Questionnaire, answers to the three open-ended questions were grouped together due to the similarity of the answers. The other forms are organized by category, showing the question number that was answered. Answers to many categories of the Final Reporting Form are similar to the Workshop Evaluation Questionnaire, and have not been repeated here.

Trainer/Consultant Questionnaire (all questions)

Gain in Knowledge/Learn General Skills: "Knowledge of blind and visually handicapped person's life". "I would like to gain both knowledge and skills in working with this segment of people".

Adaptation Methods and Activities: "I hope that I may have opportunities to learn or develop ways to adapt the recreational activity, the environment, etc."

Make Contacts/Learn about Resources: "I want to find out about available resources"

Use Information to Train Workers, Students, Teachers: "Train others to lead activities or programs for the visually handicapped".

Programming/Assessment/Mainstreaming: "To be given information and ideas on mainstreaming the visually impaired into community recreation programs."

Adaptation Methods and Activities: "Ideas on adapting equipment and materials for the visually impaired."

Use Information to Work with Visually Handicapped: "Utilize the techniques in recreation programs we might offer to visually handicapped persons."

Attitudes: "Also information on working with the visually impaired, their attitudes, feelings, and ways they learn how to cope with their handicap. Also the attitudes of the "normal" population."

Starting or Expanding a Program: "An understanding of the why's and how's of providing a recreation program for the blind--hopefully implementing a program soon."

Use Information in a General Way in Community: "I want to inform the community of the necessity of including and mainstreaming the blind and visually handicapped populations into recreation programs."

Trainer/Consultant Questionnaire (continued)

Other Category: "Be an advocate". "Legislation; Organizational Skills". "Help Old People". "Speak with Parents."

Workshop Evaluation Questionnaire

General Knowledge/Learn Skills: "(Q. 1A) To understand about visually limited people (i.e. behaviors, working with mannerisms)." "(Q. 1A) Gain personal knowledge of visually handicapped."

Use information to Work with Visually Handicapped: "(Q. 1A) To learn specific techniques to use with visually impaired individuals".

Adaptation Techniques and Activities: "(Q.1A)To learn adaptive recreation techniques." "(Q.4) Activities used in a recreation setting; more adapted activities."(Q.7) Yes, I could provide training in recreational activity adaptation."

Make Contacts/Learn about Resources: "(Q.1A) Meet resource people for recreation activities to channel blind students into".

Use Information to Train Workers, Students, Teachers:"(Q.1A) Learn methods and techniques that I could use in working with teachers that have to work with visually impaired."

Gain Self-Assurance: "(Q. 1A) To be able to comfortably train others." "(Q.1A) How to plan and cope".

Goals not Carried out Throughout Sessions: "(Q.2) Goals should have been reinforced through the sessions."

Hands-On Activity: "(Q. 5) I would have liked more hands-on activities with the children from the school for the blind." "(Q. 8) I like "hands on" type of practice immediately after I have had instuction."

Medical Precautions and Diseases: (Q.7) Confident in all areas except still weakness in diseases or anatomy of eye".

Comments / Workshop Speaker: "(Q.8) Speaker got off on a tangent so didn't talk much about the topic." "(Q.8) Was very good and showed how an instructor works with visually impaired. This was very helpful."

Length of Presentation: "(Q.8) Time factor was a problem. We could have expanded on issues."

Resource Materials Useful:"(Q.8) Good film used in presentation."

Change in Organization/Structure; Change Activities Undertaken: "(Q9) Each trainee should adapt activity or game of their own for presentation. It's too easy to sit and watch and then to go home without the confidence to work with the kids."

Workshop Evaluation Questionnaire (continued)

Other Category: "(Q.1A) Research". "(Q.3) Too general". "(Q.3) Blind Group Leader." "(Q.4) Good for the public". "(Q.5) Use Aids: cane, etc.". "(Q.7) My department isn't interested in handicaps." "(Q.7) Awareness skills." "(Q.8) More on implications." "(Q.8) Spatial loss." "(Q.8) Good skills learned by blind." "(Q.9) More on blind-deaf; conflict in terminology." "(Q.9) More people interaction."

Final Reporting Form--Sample response for each of the three Practicum Goals.

Goal I--Presented a 3-hour session on the blind and visually impaired to students at the University in the therapeutic recreation curriculum. I also involved a visually impaired person to discuss her personal experiences.

Goal II--Presented "Year of the Disabled Person, Visual Impairment" to a group of 37 girl scout leaders, troop committee persons, service team support staff and senior scouts.

Goal III--a. A girl, eight years old is mainstreamed in a playground program, Monday through Friday, 9:00 to Noon and 1:00 to 4:00 p.m. Her visual impairment is legal blindness with light perception and some peripheral vision. She has no other handicap. She is a bright girl who is mainstreamed in a regular school program.

b. She wants to participate in most activities but is very hesitant in some physical games. She gets a lot of attention from friends and has good acceptance of peers. I am sure this is because she is very attractive and intelligent.

c. Last year her father was on sabbatical so was not involved in any activities since they lived there. This year she was in Bluebirds. In Bluebirds she went on trips and made art projects. She particularly liked making puppets on a wooden spoon. She also has a brother and sister with whom she spends a lot of time. However, her brother and sister are very young at ages 1½ and 2½.

d. She enjoys playing with brothers and sisters. She also loves coming to the playground. She has fairly good skills in arts and crafts. She also enjoys going on trips. Her skill level in some physical activities could be improved. I'm sure much of this is environment, disability and interest. She has limited opportunities to do physical activities.

e. Trailing is used in mobility along with a sensor. Any adaptations used are no different than with other visually impaired with whom I've worked.

f. We played kickball with an audible goal ball and used an audible goal ball and base. She did very well. This was the first time; she had never done this in her physical education program.

g. I really have no major attitude change. I am sure this is because I have worked with the visually impaired previously. However, I did notice how the visually impaired individual likes to have someone hold their hand, etc., when they really were able to get around independently.

Suggestions for adding to or changing the practicum: "Learn more about this population and its need". Use Orientation and Mobility Techniques more in Workshops". ".Prepare a brochure of Activities." "More on medical causes of blindness". (Q.I.6)

Involvement in New Area or Activity: "I've really put this training to practical use. I've had several individuals mainstreamed with visual impairments." "A senior scout has enrolled in a braille transcribing course." "Becoming involved with the society for the blind, in providing aquatics programs as well as pursuing other recreation activities." (Q. IV.3)

Changes in Types of Recreation Services: "The city is expanding programs. This is a result of hiring a therapeutic recreation specialist." "No direct changes, but I feel comfortable in presenting information and working slowly towards program improvements and increased inclusion of visually impaired in general programs." "I feel I have given to those physical education teachers who have visually impaired students information which should help them in providing physical education for these students." "I have involved agencies in supporting the need for a TR position to meet the leisure needs of special populations". "Staff have been briefed and are able to recommend assistance to any troop leader with visually handicapped scouts." "There are nightly exercise/motor movement classes." "We have mainstreamed a few individuals who may have been unable to participate before because of our lack of training which helps us to see how "really easy" it is to mainstream using volunteers and advocates when necessary.". (Q. IV.4)

Other Comments: "Thank you for the opportunity to participate in this program." "I found the written materials excellent and should love to see them distributed to as many people as possible." "Because of the limited community recreational services offered in a rural area such as the one in which I live, all of the information and knowledge I received from the training workshop, I shared with other physical education teachers. I found this information was useful to them, as by and large, they were not prepared to deal effectively with any visually impaired students they may have in their classes," "Nice job done". "The experience was great--I would do it again." "The entire experience has been extremely positive." "I would like to thank you for the opportunity to have participated in this workshop. It has broadened my knowledge and skills in this area." "I would like to thank you for giving me this opportunity and allowing me to be a part of this rewarding and learning experience." (Q. IV.5)

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